Running head: DICTIONARY

The healthcare administrator's desk reference: A managed care and healthcare contracting dictionary for the military health system

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A strong working knowledge of managed care and health care contracting is the key to success for todays health care administrator. Specifically, a thorough knowledge of the language, terminology, and acronyms is fundamental to understanding todays health care delivery processes both in the civilian sector and the military health system. One consolidated desk reference was developed to improve communication and increase comprehension among and between providers and administrators across all services. The goal is to promote understanding and diminish confusion, thereby, albeit indirectly, improving the delivery of healthcare services.

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Abstract

A strong working knowledge of managed care and healthcare contracting is the key to success for today's healthcare administrator. Specifically, a thorough knowledge of the language, terminology, and acronyms is fundamental to understanding today's healthcare delivery processes both in the civilian sector and the military health system. One consolidated desk reference was developed to improve communication and increase comprehension among and between providers and administrators across all services. The goal is to promote understanding and diminish confusion, thereby, albeit indirectly, improving the delivery of healthcare services.

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A healthcare administrator's desk reference: A managed care and healthcare contracting dictionary for the military health system

Introduction

A failure to truly understand healthcare contracting and managed care can negatively impact a healthcare provider's ability to meet patients' healthcare needs. Feedback obtained from complaints and personal interviews supports the premise that a fundamental understanding of this new healthcare delivery system requires an understanding of, and familiarization with, the language in which it is grounded. The language difficulty is compounded by the composite nature of the system -- healthcare or maintenance, with a large contractual component, which is provided to a unique population.

Background

The origin of managed care dates back to the early 1900s (Fox, 1996), however, it is relatively new to the military health system (MHS). Beginning in the late 1980s, the MHS instituted numerous programs and initiatives in an attempt to control skyrocketing healthcare and Civilian Health And Medical Program of the Uniformed Services (CHAMPUS) costs (Barrett, 1996). Each initiative emphasized the delivery of accessible, high-quality, cost-efficient healthcare to all beneficiaries. The programs included the CHAMPUS Reform Initiative (CRI) initiated in February 1988; Catchment Area Management (CAM) begun in June of 1989; and, the Gateway to Care Program started in September of 1991(Barrett, 1996; Boyer & Sobel, 1996). Each of these programs

was successful in providing evidence that managed care initiatives can assist in the containment of healthcare costs while maintaining or improving the quality of care delivered (Boyer & Sobel, 1996).

The Gateway to Care program resulted in a reduction of CHAMPUS growth by 7 percent over two years. This success led to what is now known as TRICARE, a three option, regional contract-based managed healthcare program. The implementation of TRICARE, transitioning the MHS to managed care, was initiated in March of 1995 and completed by June of 1998 (Department of Defense, 1997).

The implementation of TRICARE required the complete reengineering of healthcare delivery and management within the military health system. The managed care system brought new processes and methods such as pre-authorization, prospective reviews of patient referrals, case management, and a delivery system whereby healthcare is managed by a primary care provider. This change overwhelmed the current military direct care system.

The traditional military health system was characterized by large medical centers, which delivered predominately specialty care. With the implementation of TRICARE, the medical centers were without sufficient primary healthcare providers to meet the demand for the primary care services central to a managed healthcare system.

The transition to managed care, although anticipated, left the healthcare system struggling to provide care for its beneficiaries. When TRICARE changed the traditional method of delivering care, it brought new terminology, confusing many

practitioners and almost all beneficiaries. Consequently, the MHS struggled to educate its healthcare professionals as well as its beneficiaries. The educational effort was robust and sought to ensure that healthcare providers could schedule, see, and refer patients to specialists and that beneficiaries knew how to access care, both in the direct care system and in the civilian network. The education programs were offered throughout the MHS and were sponsored by both the medical treatment facilities and the contractors. Program structure ranged from attendance at a single class to simply the review of written literature. However, the educational efforts did not meet the community need for instruction. As a result, a significant knowledge deficit remains frustrating providers, administrators, and the beneficiaries.

Statement of the Problem

A strong working knowledge of managed care and healthcare contracting is the key to success for today's healthcare administrator. A thorough knowledge of the language, terminology, and acronyms is basic and fundamental to understanding today's healthcare delivery processes. One consolidated desk reference providing this information for the MHS does not exist.

Literature Review

Numerous references are available to assist the healthcare administrator in the quest to learn the 'jargon' of managed care and/or healthcare contracting. References from short glossaries to simple dictionaries are readily available at bookstores and online. These references provide definitions and delineate the

meaning of numerous acronyms. However, no one consolidated reference encompassing both managed healthcare and healthcare contracting was found, and certainly not one unique to the military health system.

Method

A literature review of pertinent references encompassing both managed care and healthcare contracting was conducted to gather information. Research efforts spanned published works including current texts used in graduate education in the fields of healthcare administration and contracting, brochures, healthcare contracts, federal regulations, and the Internet. Additionally, terminology specific to military healthcare was obtained from the services as well as from Department of Defense Health Affairs website. Concurrent with the literature search, experienced personnel working in the managed care and contracting disciplines were queried.

Following the accumulation of applicable information, two separate appendices were developed. Appendix A is simply a list of acronyms and abbreviations. Although the use of acronyms and abbreviations may confuse and complicate communications, especially across the services, they are, unfortunately, an inherent part of our culture. The list was created to facilitate communication and to fill the void, for no previous MHS acronym list found contained acronyms specific to managed care and healthcare contracting.

Appendix B is a dictionary of current terms and phrases used in managed care and healthcare contracting. Implementation of

TRICARE throughout the MHS has resulted in a partnership with the civilian healthcare sector. This collaborative and mutually beneficial relationship demands a solid knowledge and understanding of the terminology of their milieu.

Following the completion of both appendices, the document underwent multiple levels of review. Peers, educators, and subject matter experts in the fields of managed care and healthcare contracting submitted critiques.

Discussion/Conclusions

As managed care begins to mature in the MHS, this document may serve as a desk reference across all services for those (a) entering the managed care field, (b) with minimal managed care experience, and (c) tasked with management and oversight of healthcare delivery. Wide dissemination would promote the adoption of a 'common language', standardizing the use of terms and acronyms. This desk reference could be made available to personnel working in the area of healthcare contracting, administrators working with healthcare contracts and students in all healthcare fields across the services. It would also be helpful to administrators and healthcare personnel working within the Department of Veteran's Affairs (DVA), as the Department of Defense and the DVA work jointly to deliver healthcare services to all beneficiaries. Additionally, placement of this document on both the Knowledge Management Network (KMN) at Fort Sam Houston to enhance distance learning, and on Health Affairs' web page to streamline tri-service adoption and implementation would facilitate access by all. The goal and desired end-state is to

improve communication, increase comprehension, and diminish confusion among and between providers and administrators, thereby, albeit indirectly, improving the delivery of healthcare services.

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Appendix A

Acronyms and Abbreviations

A&D
Admission & Disposition

AABB
American Association of Blood Banks

AAF
Awaiting Additional Funds

AAFES
Army & Air Force Exchange System

AAAHC
Accreditation Association of Ambulatory Healthcare

AAHP
American Association of Health Plans

AAMA
American Academy of Medical Administrators

AANA
American Association of Nurse Anesthetists

AAPCC
Adjusted Average Per Capita Cost

AAPPO
American Association of Preferred Provider Organizations

AARP
American Association of Retired Persons

ABC
1. Accounting, Billing, & Collecting

2. Activity Based Costing

ABCA
Army Board of Contract Appeals

ABP
Adjusted Bid Price

ACAB
Army Contract Adjustment Board

ACC
1. Acute Care Clinic

2. Air Combat Command

ACG
Ambulatory Care Group

ACH
Army Community Hospital

ACHE
American College of Healthcare Executives

ACIP
Advisory Committee on Immunization Practices

ACM
Administrative Coordination Meeting

ACNO
Assistant Chief of Naval Operations

ACO
Administrative Contracting Officer

ACOG
American College of Obstetrics & Gynecology

ACOR
Administrative Contracting Officer Representative

ACOS
American College of Surgeons

ACP
American College of Physicians

ACR
1. Adjusted Community Rating

2. American College of Radiology

ACS
1. Alternate Care System

2. Assistant Chief of Staff

ACSW
Academy of Certified Social Workers

ACWP
Actual Cost of Work Performed

AD
Active Duty

ADA
1. Americans with Disabilities Act

2. American Diabetes Association

ADAL
Addition or Alteration (as in construction)

ADAMHA
Alcohol, Drug Abuse, & Mental Health Administration

ADAR
Army Defense Acquisition Regulation

(Superseded by AFARS in 1984)

ADC
Average Daily Census

Admin. L.
Administrative Law

A-DMIS
Army Defense Medical Information System

ADD
1. Attention Deficit Disorder

2. Active Duty Dependent

ADFM
Active Duty Family Member

ADG
Ambulatory Diagnostic Group

ADL
Activities of Daily Living

ADM
Alcohol, Drug, or Mental Disorder

ADP
Automated Data Processing

ADPE
Automated Data Processing Equipment

ADPL
Average Daily Patient Load

ADR
1. Adverse Drug Reaction

2. Alternative Dispute Resolution

ADRA
Administrative Dispute Resolution Act

ADS
1. Alternative Delivery System

2. Ambulatory Data System

ADSFM
Active Duty Service Family Member

ADSM
Active Duty Service Member

ADT
Admission, Disposition, & Transfer

AE
1. Aeromedical Evacuation

2. Air Evacuation

AETC
Air Education & Training Command

AFAA
Air Force Audit Agency

AFARS
Army Federal Acquisition Regulation Supplement

AFFARS
Air Force Federal Acquisition Regulation Supplement

AFB
1. Air Force Base

2. Award Fee Board

AFCAB
Air Force Contract Adjustment Board

AFCLC
Air Force Contract Law Center

AFDC
Aid to Families with Dependent Children

AFDO
Award Fee Determining Official

AFEB
Award Fee Evaluation Board

AFFARS
Air Force Federal Acquisition Regulation

Aff'd
Affirmed

AFI
1. Awaiting Final Invoice

2. Air Force Instruction

AFIP
Armed Forces Institute of Pathology

AFMC
Air Force Material Command

AFMLO
Air Force Medical Logistics Office

AFMOA
Air Force Medical Operations Agency

AFMSA
Air Force Medical Support Agency

AFO
Area Field Office (Humana)

AFOSH
Air Force Occupational Safety, Fire Prevention, & Health

AFR
Air Force Regulation

AFRC
Air Force Reserve Command

AFRS
Air Force Reserves

AFT
Automated File Transfer

AG
Attorney General

AGPA
American Group Practice Association

AGR
Additional Government Requirement

AH
Army Hospital

AHA
American Hospital Association

AHC
1. Army Health Clinic
2. Alternative Healthcare
3. Army Healthcare

AHCDS
Alternate Healthcare Delivery Systems

AHCPR
Agency for Health Policy & Research

AHP
1. Accountable Health Plan
2. Allied Health Professional

AIDS
Acquired Immune Deficiency Syndrome

AJMRO
Area Joint Medical Regulating Office

ALJ
Administrative Law Judge

ALOS
Average Length of Stay

AMA
American Medical Association

AMC
1. Army Medical Center

2. Air Mobility Command

AMCRA
American Managed Care & Review Association (*see* AAHP)

AMC/SG
Air Mobility Command Surgeon General

AMEDD
Army Medical Department

AMGA
American Medical Group Association

ANA
American Nurses Association

ANG
Air National Guard

ANSI
American National Standards Institute

AO
1. Action Officer

2. Area of Operations

AOA
American Osteopathic Association

AP
Acquisition Plan

APA
1. Administrative Procedures Act

2. American Psychiatric Association

APF
Appropriated Fund

APG
Ambulatory Patient Group

APHA
American Public Health Association

APHCSC
Adjusted Proposed Healthcare Services Cost

APHCSP
Adjusted Proposed Healthcare Services Price

APL
Authorized Price List

APN
Advanced Practice Nurse

APO
Army/Air Post Office

App.
Appeals

APPN
Appropriation

APR
1. Average Payment Rate

2. Adjusted Payment Rate

3. Ambulatory Procedure Order

APT
Admissions Per Thousand

APU
Ambulatory Procedure Unit

APV
Ambulatory Procedure Visit

AQCESS
Automated Quality of Care Evaluation Support System

AR
1. Army Reserves

2. Army Regulation

ARCENT
Army Central Command

ARNG
Army National Guard

ARS
Army Regulation Supplement

AS
Armed Services

ASBCA
Armed Services Board of Contract Appeals

ASBP
Armed Services Blood Program

ASC
1. Accredited Standards Committee

2. Ambulatory Surgery Center

3. Army Staff Council

ASD (HA)
Assistant Secretary of Defense (Health Affairs)

ASF
Aeromedical Staging Facility

ASIMS
Army Standard Information Management System

ASL
Authorized Stockage List

ASM
Appointing & Scheduling Module

ASMRO
Old Term: Armed Services Medical Regulating Office

New terms: GPMRC (Global Patient Movement Requirements Center) & TPMRC (Theater Patient Movement Requirement Center)

ASN
Assistant Secretary of the Navy

ASO
Administrative Services Only (contract)

ASPM
Armed Services Pricing Manual

ASPR
Armed Services Procurement Regulation

ASR
Age/Sex Rate

ASU
Ambulatory Surgical Unit

ATC
Air Transportable Clinic

ATH
Air Transportable Hospital

ATM
Asynchronous Transfer Mode

AUPC
Average Unit Procurement Cost

AVG
Ambulatory Visit Group

AW
Airlift Wing

AWP
1. Any Willing Provider

2. Average Wholesale Price

AWU
Ambulatory Work Unit

BA
1. Basic Agreement

2. Budget Authority

BAC
Budget Advisory Committee

BC/BS
Blue Cross & Blue Shield

B&P
Bid & Proposal (cost)

BAFO
1. Best & Final Offer

2. Base Accounting & Finance Office (logistics)

BAMC
Brooke Army Medical Center

BAR
Board of Appeals Review

BARS
Bid Analysis & Reporting

BASOP
Base Operations

BATF
Bureau of Alcohol, Tobacco & Firearms

BCA
Board of Contract Appeals

BCI
Breast Cancer Initiative (DoD)

BC/BS
Blue Cross-Blue Shield Plan

BCMR
Board for Corrections of Military Records

BDC
Blood Donor Center

BDO
Blanket Delivery Order

Blue $
Navy Appropriations

BML
Bidders Mailing List

BOA
Basic Ordering Agreement

BOE
Basis of Estimate

BOM
Bill of Materials

BOP
Bureau of Prisons (Staffed by USPHS Providers)

BOS
Base Operations Support

BPA
1. Bid Price Adjustment

2. Blanket Purchase Agreement

BPO
1. Bargain Purchase Option

2. Blanket Purchase Order

BPR
Bid Price Redetermination

BRAC
Base Realignment & Closure

BSC
Biomedical Sciences Corps

BSR
Beneficiary Services Representative

BSU
Blood Supply Unit

BUMEDINST
Bureau of Medicine & Surgery Instruction (Navy)

BY
1. Base Year

2. Budget Year

C2
Command & Control

C3
Command, Control & Communications

C3I
Command, Control, Communications & Intelligence

C4
Command, Control, Communications & Computers

C4I
Command, Control, Communications, Computers & Intelligence

C
Cost

CA
1. Contract Administration

2. Contract Appeals

3. Court of Appeals (formerly U.S. Circuit Court of Appeals)

CAB
Contract Appeals Board

CACO
Corporate Administrative Contracting Officer

CAC
Cost Account Code (Navy Only)

CAD
1. Catchment Area Directory

2. Computer Assisted Design

CAFC
Court of Appeals for the Federal Circuit

CAGP
Contractor-Acquired Government Property

CAI
Computer-Assisted Instruction

CALT
Contracting Lead Time

CAM
1. Catchment Area Management

2. Computer Assisted Manufacturing

CAO
Contract Administration Office

Cap
Capitation

CAP
1. College of American Pathologists

2. Contractor Acquired Property

3. Corrective Action Plan

CARF
Commission for the Accreditation of Rehabilitation Facilities

CAS
1. Cost Accounting Standards

2. Contract Administration Services

CASB
Cost Accounting Standards Board

CAT
Computerized Axial Tomography (scanner)

CBA
1. Cost Benefit Analysis

2. Collective Bargaining Agreement

CBD
Commerce Business Daily

CBI
Computer Based Instruction

CBL
Contractor Bill of Lading

CBO
Congressional Budget Office

CBPO
Component Blood Program Office

CC
1. Uniform Commercial Code (also U.C.C.)

2. Cost Center

CCA
United States Circuit Court of Appeals
(Renamed CA: U.S. Court of Appeals)

CCAB
Clinical Care Advisory Board

CCDR
Contract Cost Data Report

CCF
Contract Cases Federal

CCH/OPTUM
Center for Corporate Health/OPTUM

CCN
Contract Change Notice

CCO
Chief, Contracting Office

CCP
Coordinated Care Program

CCU
Coronary Care Unit

CCQAS
Centralized Credentials & Quality Assurance System

CCSS
Coordinated Care Support System

CD
Compact Disc

CDA
Contract Disputes Act of 1978

CDC
Centers for Disease Control & Prevention

CDCF
Central Deductible & Catastrophic Cap File

CDIS
CHAMPUS Detail Information System

CDR
Contract Deficiency Report

CDRB
Contract Dispute Resolution Board

CD-ROM
Compact Disc-Read Only Memory

CE
1. Cost Effective

2. Current Estimate

3. Civil Engineering

CEIP
CHCS Engineering Improvement Program

CEIS
Corporate Executive Information System

CENTCOM
Central Command

CEO
Chief Executive Officer

CEOB
Claim Explanation of Benefits

CEPR
Civilian External Peer Review

CEPRP
Civilian External Peer Review Program

Cert. Denied
Certiorari denied

CET
Cost Evaluation Team

CEU
Continuing Education Unit

CFC
Court of Federal Claims

CFE
Contractor Furnished Equipment

CFM
Contract Furnished Material

CFP
Contractor Furnished Property

CFO
1. Chief Financial Officer

2. Contract Financing Officer

CFR
Code of Federal Regulations

CFS
Chronic Fatigue Syndrome

CFSR
Contract Funds Status Report

CFY
Contractor Fiscal Year

CGO
Cost of Goods Sold

CHAMPUS
Civilian Health & Medical Program of the Uniformed Services

CHAMPVA
Civilian Health & Medical Program of the Department of Veteran's Affairs

CHAP
Community Health Accreditation Program

CHC
Community Health Center

CHCBP
Continued Healthcare Benefits Program

CHCS
Composite Healthcare System

CHCS-LOG
CHCS Logistics

CHCSPO
CHCS Program Office

CHCSTEA
CHCS Test & Evaluation Activity

CICA
Competition In Contracting Act

CID
Commercial Item Description

CIL
Contractor Involved in Litigation

CINC
Commander-in-Chief

CINCEUR
Commander-in-Chief, Europe

CINCLANT
Commander-in-Chief, Atlantic Forces

CINCPAC
Commander-in-Chief, Pacific

CINCSOUTH
Commander-in-Chief, Southern Command

CINCUNK
Commander-in-Chief, United Nations Command, Korea

CIO
Chief Information Officer

CIP
Contractor Improvement Program

Cir.
United States Court of Appeals (for the Circuit indicated)

Civ. No.
Civil Number (civil action/case docket number)

CJCS
Chairman, Joint Chiefs of Staff

Cl. Ct./Ct. Cl.
Claims Court/Court of Claims (*See* Ct. Fed. Cl.)

CLIA
Clinical Laboratory Improvement Act

CLIN
Contract Line Item Number

CLM
Career-Limiting Move

CLN
Clinical Subsystem of CHCS

CLO
Congressional Liaison Office

CM
1. Case Management or Manager

2. Case Mix

3. Contract Management

CMAC
CHAMPUS Maximum Allowable Charge

CME
Continuing Medical Education

CMHC
Community Mental Health Center

CMI
Case Mix Index

CMIS
CHAMPUS Medical Information System

CMO
1. Chief Medical Officer

2. Contract Management Office

CMMS
Case Mix Management System

CMP
Competitive Medical Plan

CMS
Central Materiel Services (logistics)

CAN
Center for Naval Analysis

CNM
1. Certified Nurse Midwife

2. Chief, Naval Materiel

CNO
Chief, Naval Operations

CNP
Clinical Nurse Practitioner

CO
1. Contracting Officer (Army & Air Force; also *see* KO)

2. Change Order

3. Commanding Officer

COA
Certificate of Authority

COB
1. Coordination of Benefits

2. Close of Business

COBFR
COB Field Representative

COBOL
Common Business Oriented Language

COBRA
Consolidated Omnibus Budget Reconciliation Act

COC
1. Certificate of Competency

2. Certificate of Coverage

3. Certificate of Compliance

COCO
Contractor Owned-Contractor Operated (facilities)

COE
Center of Excellence

COFC
U.S. Court of Federal Claims

COLA
Cost of Living Adjustment

COMA
Court of Military Appeals
(Now called Court of Appeals for the Armed Services)

COMDTINST
Commandant Instruction (USCG)

COMDTNOTE
Commandant Notice (USCG)

COM-FI
CHAMPUS Operations Manual- Fiscal Intermediary

COMMZ
Communications Zone

Comp. Gen.
1. Comptroller General (GAO)

2. Decisions of the Comptroller General

COMSEC
Communications Security

CON
Certificate of Need

Cong. Rec.
Congressional Record

Cont.
Contract

CONUS
Continental United States

COO
Chief Operating Officer

COOP
Continuity of Operations Plan

COP
Concept of Operations

COR
Contracting Officer's Representative

COST
Cost-Reimbursement (type of contract)

COTR
Contracting Officer's Technical Representative

COTS
Commercial Off-The-Shelf

CP
1. Critical Pathway
2. Clinical Pathway
3. Central Procurement

CPAF
Cost-Plus-Award-Fee (contract)

CPCM
Certified Professional Contract Manager

CPD
Comptroller Procurement Decisions

CPE
Contractor Performance Evaluation

CPFF
Cost-Plus-Fixed-Fee (contract)

CPG
Clinical Practice Guidelines

CPI
Consumer Price Index

CPIF
Cost-Plus-Incentive-Fee (contract)

CPIRI
CHAMPUS Price Inflation Reimbursement Index

CPM
Critical Path Method

CPO
1. Chief, Procurement Office
2. Civilian Personnel Office

CPPC
Cost-Plus-a-Percentage-of Cost (type of contract)

CPR
1. Civilian Personnel Regulation
2. Computer-Based Patient Record
3. Cardiopulmonary Resuscitation
4. Cost Performance Report
5. Customary, Prevailing, & Reasonable

CPS/HP
Clinical Preventive Services & Health Promotion

CPSC
Consumer Products Safety Commission

CPSR
Contract Procurement System Review

CPT-4
Current Procedural Terminology, 4th Edition (codes)

CPU
Central Processing Unit

CQI
Continuous Quality Improvement

CQC
Contractor Quality Control

CQMP
Clinical Quality Management Program

CR
1. Casualty Receiving
2. Clinical Records
3. Carrier Replacement
4. Continuing Resolution
5. Cost Reimbursement (type of contract)

CRA
1. Casualty Receiving Area
2. Continuing Resolution Authority

CRB
Contract Review Board

CRC
Community Rating by Class

CRAG
Contractor Risk Assessment Guide

CRI
CHAMPUS Reform Initiative

CRIS
CHAMPUS Regional Information System

CRNA
Certified Registered Nurse Anesthetist

CRP
CHAMPUS Recapture Program

CRSP
CHCS Regional Scheduler Program

CS
Cost-Sharing (type of contract)

CSA
Chief of Staff of the Army

CSAF
Chief of Staff of the Air Force

CSC
Civil Service Commission (now OPM)

CSCSC
Cost/Schedule Control System Criteria

CSD
Customer Service Division

CSR
Customer Service Representative

CSR
Clinical Service Review

CSRA
Civil Service Reform Act

CSS
Combat Service Support

CSSR
Cost/Schedule Status Report

CST
Central Standard Time

CSW
Combat Support Wing

Ct. Fed. Cl.
U.S. Court of Federal Claims (created in 1992); replaced U.S. Claims Court which 1n 1982 replaced Court of Claims

CVO
Credentialing Verification Organization

CWW
Clinic Without Walls

CY
1. Contract Year

2. Calendar Year

3. Current Year

D/Den.
Denied

D&F
Determinations & Findings

DA
1. Data Administrator

2. Department of the Army

DAB
Defense Acquisition Board

DAC
Defense Acquisition Circular

DAF
Department of the Air Force

DAPA
Distribution And Pricing Agreement

DAR
Defense Acquisition Regulation

DASD
Deputy Assistant, Secretary of Defense

DAW
Dispense as Written

DBAd
Database Administrator

DBMS
Database Management System

DC
1. Direct Costs
2. Dual Choice
3. United States District Court

DCA
1. Deputy Commander for Administration
2. Deferred Compensation Administrator
3. Defense Contract Administrator
4. Defense Contract Audit

DCAA
Defense Contract Audit Agency

DCAAM
Defense Contract Audit Agency Manual

DCAS
Defense Contract Administration Service

DCC
Direct Commercial Contracts

DCI
Duplicate Coverage Inquiry

DCMA
Defense Contract Management Activity

DCP
Data Collection Period

DCS
1. Direct Care System
2. Deputy Chief of Staff

DCSLOG
Deputy Chief of Staff for Logistics

DCSOPS
Deputy Chief of Staff for Operations

DCSPER
Deputy Chief of Staff for Personnel

DDP
Delta Dental Plan

DEERS
Defense Enrollment Eligibility Reporting System

den.
Denied (*see* D)

DEPC
DEERS Enrollment Processing Center

DEPMED
Deployable Medical System

DET
Detachment

DFARS
Department of Defense Federal Acquisition Regulation Supplement

DFAS
1. Defense Finance & Accounting Service

2. Defense Finance & Accounting System

DFWA
Drug Free Workplace Act of 1988

DGMC
David Grant Medical Center (Air Force)

DHHS
Department of Health & Human Services

DHMO
Dental Health Maintenance Organization

DHP
Defense Health Program

DIA
Defense Intelligence Agency

DISA
Defense Information Systems Agency

DISP
Defense Industrial Security Program

DLA
Defense Logistics Agency

DLAR
Defense Logistics Agency Regulations

DM
Diabetes Mellitus

DMDD
Defense Medical Data Dictionary

DME
Durable Medical Equipment

DMFO
Defense Medical Facilities Office

DMHRS
Defense Medical Human Resources System

DMIS
Defense Medical Information System

DMIS ID
Defense Medical Information System Identification

DMIS/RAPS
Defense Medical Information System/Resource Analysis Planning System

DMLIS
Defense Medical Logistics Information System

DMLSS
Defense Medical Logistics Standard Support

DMPA
Defense Medical Programs Activity

DMRIS
Defense Medical Regulating Information System

DMSA
Defense Medical Support Activity

DMSB
Defense Medical Standardization Board

DO
1. Delivery Order
2. Doctor of Osteopathy

DOB
Date of Birth

DOC
1. Department of Commerce
2. Directorate of Contracting

DoD
Department of Defense

DoDAAC
Department of Defense Activity Address Code

DoDD
Department of Defense Directive

DoDI
Department of Defense Instruction

DoDIG
Department of Defense Inspector General

DoDMERB
Department of Defense Medical Examination Review Board

DOIM
Directorate of Information Management

DOJ
Department of Justice

DOL
Department of Labor

DOLI
DEERS On-Line Inquiry

DON
1. Department of the Navy
2. Department of Nursing
3. Director of Nursing

DOS
Date of Service

DOT
Department of Transportation

DP
Discharge Planning

DPA
Direct Pricing Agreement

DPAS
Defense Priorities & Allocations System

DPDB
Defense Practitioner Data Bank

DPP
Duplicate Panograph Program

DPT
1. Days per Thousand

2. Diptheria-Pertussis-Tetanus

DQ
Definite-Quantity (type of contract)

DQ/PL
Definite-Quantity Price List (type of contract)

DR
Deficiency Report

DRG
Diagnosis Related Groups

DRT
Delinquent Record Tracking

DSCP
Defense Support Center Philadelphia

DSM-IV
Diagnostic & Statistical Manual of Mental Disorders, 4th Edition, revised

DSO
DEERS Support Office

DSS

Decision Support Systems

DST
Decision Support Team

DTG
Date Time Group

DTS
1. Dietetics Subsystem of CHCS

2. Deficiency Tracking System

DUE
Drug Use Evaluation

DUNS
Data Universal Numbering System

DUR
Drug Utilization Review

DUSD(L)
Deputy Under Secretary of Defense (Logistics)

DVA
Department of Veterans Affairs

DX
Diagnosis

EAC
Estimate at Completion (cost)

EAJA
Equal Access to Justice Act

EAP
Employee Assistance Program

EAS III
Expense Assignment System III

EBB
Electronic Bulletin Board

EBC
Enrollment Based Capitation

EBITDA

Earnings Before Interest, Taxes, Depreciation & Amortization

ECD
Estimated Completion Date

ECF
Extended Care Facility

ECG
Electrocardiogram

ECP
Engineering Change Proposal

ECT
Electroconvulsive Therapy

EDI
Electronic Data Interchange

EEO
Equal Employment Opportunity

EEOC
Equal Employment Opportunity Commission

EFMP
Exceptional Family Member Program

EFT
Electronic Funds Transfer

EHP
Employee Health Program

EI
End Item

8A
Section 8(a) of the Small Business Act, pertaining to minority & other disadvantaged business

EIS
Executive Information System

ELOS
Estimated Length of Stay

E-MAIL
Electronic Mail

EMC
Electronic Media Claims

EMI
Electromagnetic Interference

EMO
Exclusive Multiple Option

EMR
Electronic Medical Record

EMS
Emergency Medical Services

EMT
Emergency medical Technician

ENG BCA
Army Corps of Engineers Board of Contract Appeals (superseded ENG C&A in 1959)

ENG C&A
Army Corps of Engineers Claims & Appeals Board (superseded by ENG BCA in 1959)

E&O
Errors & Omissions

EO
1. Equal Opportunity

2. Executive Order of the President

EOB
Explanation of Benefits

EOC
1. Evidence of Coverage

2. Emergency Operations Center

EOI
Evidence of Insurability

EOM
End of Month

EOQ
Economic Order Quantity

EOS
Equal Opportunity Specialist

EPA
1. Exclusive Provider Arrangement

2. Environmental Protection Agency

3. Economic Price Adjustment

EPO
Exclusive Provider Organization

EPR
1. Essential Performance Requirement

2. Enlisted Performance Report (Air Force)

EPSDT
Early & Periodic Screening, Diagnosis, & Treatment

ER
Emergency Room

ERISA
Employee Retirement Income Security Act (of 1974)

ERT
Emergency Response Team

ES
Expert System

ESLH
Estimated Standard Labor Hours

ESRD
End Stage Renal Disease

EST
Eastern Standard Time

ETA
Estimated Time of Arrival

ETC
Estimate to Completion

ETD
Estimated Time of Departure

ETP
Exception to Policy

ETS
1. Enhancement Tracking System

2. Encounter Tracking System

EUCOM
European Command

EVAC
Evacuation

Exec. Order
Executive Order of the President (also EO)

F/F.
1. Federal

2. Federal Reporter (first or original series, West Law Reporter)

F.2d
Federal Reporter, second series (West Law Reporter)

F.3d
Federal Reporter, third series (West Law Reporter)

FAC
1. Federal Acquisition Circular

2. Facility Contract

Facct
Foundation for Accountability

FACNET
Federal Acquisition Computer Network

FAQ
Frequently Asked Questions

FAR
Federal Acquisition Regulation

FARA
Federal Acquisition Reform Act of 1996

FASS
Financial Analysis Support System

FAW
Financial Analysis Worksheet

Fax
Electronic Facsimile

FBA
Federal Bar Association

FCC
Federal Communications Commission

F&D
Findings & Determination

FDA
Food & Drug Administration

FDD
Final Delivery Date

FECA
Federal Employees Compensation Act

FEHBARS
Federal Employee Health Benefit Acquisition Regulations

FEHBP
Federal Employee Health Benefits Program

FEMA
Federal Emergency Management Agency

FFP
Firm Fixed Price (contract)

FFPC
Firm-Fixed Price Contract

FFRDCS
Federally Funded Research & Development Centers

FFS
Fee For Service

FHC
1. Foundation Health Corporation

2. Family Health Clinic

FHFS
Foundation Health Federal Services

FI
Fiscal Intermediary

FIFO
First In, First Out (inventory method)

FIP
Federal Information Processing

FIs
Fiscal Intermediaries

FLIS
Federal Logistics Information System

FMC
Federal Management Circular

FMCS
Federal Mediation & Conciliation Service

FMG
Foreign Medical Graduate

FMP
1. Family Member Prefix

2. Fair Market Price

3. Federal Personnel Manual

FMS
Foreign Military Sales

FMV
Fair Market Value

FOI
Freedom of Information

FOIA
Freedom of Information Act

FOUO
For Official Use Only

FP&H
Finance, Personnel, & Health

FP
1. For Profit (hospital)

2. Fixed Price (type of contract)

FPI
1. Fixed Price Incentive (contract)

2. Federal Prison Industries

FPO
Fleet Post Office

FPP
Faculty Practice Plan

FPR
1. Final Proposal Revision

2. Fixed Price Redeterminable (contract)

FQA
Facility Quality Assurance of CHCS

FQHMO
Federally Qualified Health Maintenance Organization

FQR
Formal Qualification Review

FR
Field Representative

F. Supp.
Federal Supplement (West Law Reporter)

FSC
Federal Supply Code (logistics)

FSN
Family Sequence Number

FSR
Field Service Representative

FSS
Federal Supply Schedule

FTCA
Federal Tort Claims Act

FTE
Full Time Equivalent

FTP
File Transfer Protocol

FTTA
Federal Technology Transfer Act

FY
Fiscal Year

G&A
General & Administrative

GAAP
Generally Accepted Accounting Practices

GAAS
Generally Accepted Auditing Standards

GAGAS
Generally Accepted Government Auditing Standards

GAO
General Accounting Office

GBL
Government Bill of Lading

GDP
Gross Domestic Product

GEMPC
Government's Estimate of Most Probable Cost

GFE
Government Furnished Equipment

GFF
Government Furnished Facilities

GFM
Government Furnished Material

GFP
Government Furnished Property

GFPTS
Government Furnished Property Tracking System

GFS
Government Furnished Software

GHAA
Group Health Association of America (*see* AAHP)

GHI
Group Health Insurance

GMCS
Government Managed Care Services

GME
Graduate Medical Education

GOCO
Government Owned, Contractor Operated

GOGO
Government Owned, Government Operated

GOTS
Government Off-The-Shelf

GP
Government Property (formerly called GFE)

GPMRC
Global Patient Movement Requirements Center

GPO
Government Printing Office

GPWW
Group Practice Without Walls

GSA
1. General Services Administration

2. Group Service Agreement

GSAR
General Services Administration Regulation

GSBCA
General Services Board of Contract Appeals

GSU
Geographically Separated Unit

GTC
Gateway to Care

GTCC
Government Total Contract Cost

GTE
Government Technical Advisor

GTR
Government Technical Representative

GYN
Gynecology

HA/OA
Health fairs/Office Automation

HA
Health Affairs

HB&P
Health Budget & Programs

HBA
Health Benefits Advisor

HbsAg
Hepatitis B Serum Antigen Screening

HCA
1. Healthcare Administrator
2. Healthcare Administration
3. Head of Contracting Agency
4. Hospital Corporation of America

HCAES
Healthcare Advice & Education System

HCF
Healthcare Finder

HCFA
Health Care Financing Administration

HCIL
Healthcare Information Line

HCIS
Healthcare Institutional Services

HCP
Healthcare Provider

HCPCS
HCFA Common Procedural Coding System

HCPP
Healthcare Prepayment Plan

HCPR
Healthcare Provider Record

HEAR
Health Evaluation & Assessment of Risk

HEAT
Health Enhancement Advisory Team

HEDIS
Health Plan Employer Data & Information Set

HFO
Health Facilities Office

HFPA
Health Facilities Planning Agency

HHA
Home Health Agency

HHS
Health & Human Services (Department of)

HI
Hospital Insurance

HIAA
Health Insurance Association of America

HIPAA
Health Insurance Portability & Accountability Act (of 1997)

HIPC
Health Insurance Purchasing Cooperative

HIRS
Health Information Resources Service

HIS
Hospital Information System

HIV
Human Immune Deficiency Virus

HMHS
Humana Military Health System

HMO
Health Maintenance Organization

HMS
Health Management System

HMSI
Health Management Strategies International
(criteria/standards)

HPA
Hospital-Physician Alliance

HQ
Headquarters

HQAF
Headquarters, Air Force

HQAFOMS
Headquarters, Air Force Office of Medical Systems

HQDA
Headquarters, Department of the Army

HQMAC/SG
Headquarters. Military Airlift Command, Surgeon General

HR
1. Human Resources

2. House of Representatives

H.R.
House Reporter

HRD
Human Resources Division

HRA
Health Risk Appraisal

HRSA
Health Resources & Services Administration

HAS
Health Services Agreement

HSC
Health Services Command

HSF
Health Services Financing

HSO
Healthcare Support Office

HSR
Health Service Region

HUD
Housing & Urban Development

HVC
Hepatitis Virus C

IBNR
Incurred But Not Reported (costs)

ICD-9-CM
International Classification of Diseases, 9th Edition, Clinical Modification

ICF
Intermediate Care Facility

ICN
Internal Control Number

ICU
Intensive Care Unit

ID
Identification

IDC
Independent Duty Corpsman

IDFN
Integrated Delivery & Financing Network

IDFS
Integrated Delivery & Financing System

IDIQ
Indefinite Delivery, Indefinite Quantity

IDMT
Independent Duty Medical Technician

IDN
Integrated Delivery Network

IDS
Integrated Delivery System

IDTC
Indefinite Delivery Type Contract

IFB
Invitation for Bids

IFS
Integrated Financial System

IG
Inspector General

IGCE
Independent Government Cost Estimate

IHO
Integrated Healthcare Organization

HIS
Indian Health Service

IIS
Integrated Information System

IM/IT
Information Management/Information Technology

IM
Information Management

IMA
1. Individual Mobilization Augmentee

2. Inpatient Market Area

IME
Independent Medical Evaluation

IMD
Information Management Division

INAS
Inpatient Non-Availability Statement

Inc.
Incorporated

Indus.
Industry

INPT / INPTN / IP
Inpatient

Int'l
International

IP
1. Information Processing

2. Internet Protocol

3. Implementation Procedures

IPA
1. Independent Physician Association

2. Independent Practice Association

3. Independent Provider Association

4. Individual Practice Association Model HMO

IPM™
Invasive Procedure Monitoring for Retrospective Validation

IPOE
In-Patient Order Entry

IPR
In-Process Review

IQ
Indefinite-Quantity (type of contract)

IR&D
Independent Research & Development

IRR
Individual Ready Reserve

IS
Information System

ISA
Individual Set Aside

ISD
Information Services Division

ISD-AC™
Intensity of Service, Severity of Illness, Discharge Screening for Acute Care (Adult & Pediatric)

ISD-RHB™
Intensity of Service, Severity of Illness, Discharge Screens for Rehabilitation

ISD-SAC™
Intensity of Service, Severity of Illness, Discharge Screens for Sub-Acute Care

ISN
Integrated Service Network

ISO-HC™
Intensity of Service, Severity of Illness, Discharge Screens for Home Care (includes Pediatric)

ISP™
Indication for Surgery & Procedures

ISSAA
Information System Selection & Acquisition Agency

ISSD
Information Support Services Division

ISSO
Information System Security Officer

ISX™
Indications for Imaging Studies & X-rays

IT
Information Technology

IV
Intravenous

IVD
Intravenous Drip

IVF
Intravenous Fluid

IVH
Intravenous Hyperalimentation

IVP
1. Intravenous Push

2. Intravenous Piggyback

J&A
Justification & Approval (Document for Other than Full & Open Competition)

JAG
Judge Advocate General's Corps Officer

JBPO
Joint Blood Program Office

JCAHO
Joint Commission on Accreditation of Healthcare Organizations

JCS
Joint Chiefs of Staff

JFTR
Joint Federal Travel Regulations

JIT
Just in Time

JMRO
Joint Medical Regulating Office

JO
Job Order

JOC
Job Order Contracting

JOP
Joint Operating Procedures

JOPES
Joint Operation Planning & Execution System

JOPS
Joint Operation Planning System

JOTFOC
Justification for Other Than Full & Open Competition

JTR
Joint Travel Regulation

JV
Joint Venture

K
Contract

KMC
Keesler Medical Center (Air Force)

KO
Contracting Officer (Navy; also *see* CO)

KR
Contractor

LA
1. Lead Agent

2. Legislative Affairs

LAB
Laboratory Subsystem of CHCS

LAN
Local Area Network

LANTAREA
Atlantic Area (USCG) (Medical Office for East of the Mississippi River)

LARMC
Landstuhl Army Medical Center

LBCA
Department of Labor Board of Contract Appeals

LCC
Life Cycle Costing

LCM
Life Cycle Management

LCP
Licensed Clinical Psychologist

LCSW
Licensed Clinical Social Worker

LIFO
Last In, First Out (inventory method)

LIN
Line Item Number

LLC
Limited Liability Company or Corporation

LN
Local National

LOA
1. Letter of Authorization

2. Letter of Offer & Acceptance

LOE
Level Of Effort

LOI
1. Letter of Instructions

2. Letter of Intent

LOG
Logistics

LOS
1. Length of Stay

2. Level of Security

LPN
Licensed Practical Nurse

LSA
Labor Service Areas

LTC
Long Term Care

LWOP
1. Lease With Option to Purchase

2. Leave Without Pay

M&R
Milliman & Robertson

MA
Market Area

MAC
1. Maximum Allowable Charge

2. Military Airlift Command (name changed to Air Mobility Command)

MAC/SG
Military Airlift Command/Surgeon General (name changed to Air Mobility Command/Surgeon General (AMC/SG))

MACI
Millon Adolescent Clinical Inventory

MACOM
1. Major Command (Army)

2. Major Commands

MADHS
Management Area Directory Health Services

MAJCOM
Major Command (Air Force)

MAMC
Madigan Army Medical Center

MAPI
Millon Adolescent Personality Inventory

MAS
Multiple Award Schedule

MASF
Mobile Aeromedical Staging Facility

MASS/FASS
Medical Analysis Support System/Financial Analysis Support System

MASS
Medical Analysis Support System

MAST
Military Aid to Safety & Traffic

MATO
Multiple Award Task Order

MAW
Military Airlift Wing (currently called Airlift Wing (AW))

MBO
Management By Objective

MCAS
Managed Care Analysis System

MCE
Medical Care Evaluation

MCFAS
Managed Care Forecasting & Analysis System

MCH
Maternal Child Health

MCHP
Maternal & Child Health Programs

MCMI-II
Millon Clinical Multiaxial Inventory-II (Adult)

MCO
Managed Care Organization

MCP
1. Managed Care Program

2. Military Construction Project

MCQA
Managed Care Query Application

MCR
Modified Community Rating

MCS
Managed Care Support

MCSC
Managed Care Support Contract

MD
Medical Doctor

MDC
Major Diagnostic Category

MDW
Military District of Washington

ME
Managed Efficiency

MECA
Medicare Expanded Choice Act

MED
Unit Dose Medication

MED302
Medical Workload Reporting System

MEDBLD
Medical Blood Management

MEDCOM
U. S. Army Medical Command

Medigap
Medicare Supplement Insurance

MEDLOG
1. Medical Logistics Medical Logistics System (Air Force)

MEDOA
Medical Office Automation

MEDPAR
Medical Patient Accounting & Reporting System

MEDREGREP
Medical Regulating Report

MEDSILS
Medical Services Information Logistics System

MEDSOM
Medical Supply, Optical, & Maintenance

MEDSTOC
Medical Stock Control System

MEDSUP
Medical Supply

Medsupp
Medicare Supplement Policy

Med-Surg
Medical & Surgical

MEI
Medicare Economic Index

MEMO
Medical Equipment Management Office

MEPR
Medical Expense & Performance Report

MEPRS/EASIII
Medical Expense Performance Reporting System/Expense Assignment System III

MEPRS
Medical Expense & Performance Reporting System

MET
Multiple Employee Trust

MEWA
Multiple Employer Welfare Association

MFR
Memorandum for Record

MGMA
Medical Group Management Association

MGMC
Malcolm Grow Medical Center (Air Force)

MHC
Managed Healthcare

MHCF
Mental Healthcare Finder

MHCMIS
Military Healthcare Management Information System

MHCS
Military Healthcare System

MHS
1. Message Handling System

2. Military Health System

MHSA
Mental Health Substance Abuse Program

MHSA
Military Health Services Area

MHSS
Military Health Services System

MICU
Medical Intensive Care Unit

MIL
Military

MILCON
Military Construction

MILDOC
Military Document

MILPER
Military Personnel

MILSCAP
Military Standard Contract Administration Procedures

MILSPEC(s)
Military Specification(s)

MIL-STD
Military Standard

MIMC
Medical Information Management Committee

MIP
Managed Indemnity Plan

MIS
1. Management Information System

2. Management Information Summary

MISPO
Management Information Systems Program Office

MLP
Mid-Level Practitioner/Provider

MLR
Medical Loss Ratio

MMHP
Managed Mental Health Program

MMMS
Medical Materiel Management System

MMPI-A
Minnesota Multiphasic Personality Inventory (Adolescent)

MMPI
Minnesota Multiphasic Personality Inventory-2 (Adult)

MMSO
Military Medical Support Office

MOA
Memorandum of Agreement

MOD
Modification

MOE
1. Maintenance of Effort

2. Measure of Effectiveness

MOU
Memorandum of Understanding

MPC
Most Probable Cost

MPM
Medical Planning Model

MPRC
Medicare Payment Review Commission

MRI
Magnetic Resonance Imaging

MRM
Medical Readiness Model

MRO
Medical Regulating Office

MS DOS
Microsoft Disk Operating System

MS WORD
Microsoft Word

MSA
1. Medical Services Accounting
2. Medical Savings Account

MSC
1. Military Sealift Command
2. Medical Service Corps (Army/Navy)
3. Member Service Center

MSG
Multi-Specialty Group

MSO
Management Service Organization

MSP
Mail Service Pharmacy

MTD
Month To Date

MTF
1. Medical Treatment Facility

2. Military Treatment Facility

MYC
Multi-Year Contract

NAHC
National Association for Home Care

NADD
Non-Active Duty Dependent

NAF
Nonappropriated Funds

NAHMOR
National Association of HMO Regulators

NAIC
National Association of Insurance Commissioners

NARDAC
Navy Regional Data Automation Center

NARMC
North Atlantic Regional Medical Command

NAS
1. Naval Air Station

2. Non-Availability Statement

NATO
North Atlantic Treaty Organization

NAVEUR
Naval Command Europe

NAVHOSP
Naval Hospital

NAVMEDCOMINST
Naval Medical Command Instruction

NAWD
Notice of Award

NBCA or NDBCA
Navy Department Board of Contract Appeals

NC
1. Northeast Conference

2. Nurse Corps (Air Force/Navy)Nonrecurring Costs

N/C
No Change

NCA
1. National Command Authority

2. National Capital Area

NCMA
National Contract Management Association

NCQA
National Committee on Quality Assurance

NDC
National Drug Code

NDMS
National Disaster Medical System

NEIS
Navy Executive Information System

NFP
Not-For-Profit (Hospital or Health System, etc.)

NGB
National Guard Bureau

NH
Naval Hospital

NHI
National Health Insurance

NHO
National Hospice Organization

NHP
National Health Plan

NICU
Neonatal Intensive Care Unit

NIH
National Institutes of Health

NIMH
National Institute of Mental Health

NLM
National Library of Medicine

NLRB
National Labor Relations Board

NMC
Naval Medical Clinic

NMCL
Naval Medical Clinic

NMIMC
Naval Medical Information Management Center

NMIS
Nutrition Management Information System

NMLC
Navy Medical Logistics Command

NMOP
National Mail Order Pharmacy

NMPS
Navy Medical Procurement System

NNICU
Neo-Natal Intensive Care Unit

NNMC
National Naval Medical Center (Bethesda, MD)

NOAA
National Oceanographic & Atmospheric Administration (one of the 7 uniformed services)

NOC
Notice of Cancellation

NONPAR
Non-Participating Providers

NOR
Notice of Revision

NOS
Not Otherwise Specified

NP
Nurse Practitioner

NPB
Non-Prime Beneficiaries

NPDB
National Practitioner Data Bank

NPP
Non-Physician Provider

NQMC
National Quality Monitoring Contractor

NRS
Nursing

NSN
National Stock Number

NTE
Not to Exceed

NTP
Notice to Proceed

O & M
Operation & Maintenance

OA
1. Office Automation

2. Open Access

OASD (HA)
Office of the Assistant Secretary of Defense for Health Affairs

OASD
Office of the Assistant Secretary of Defense

OB/GYN
Obstetrics & Gynecology

OBD
Occupied Bed Days

OBRA
Omnibus Budget Reconciliation Act

OCHAMPUS
Office of Civilian Health & Medical Program of the Uniformed Services (TMA)

OCONUS
Outside the Continental United States

OCSAB
Office of Contract Settlement Appeals Board

ODC
Other Direct Costs

ODS
Organized Delivery System

OF
Optional Form

OFCCP
Office of Federal Contract Compliance Programs

OFPP
Office of Federal Procurement Policy

OGE
Office of Government Ethics

OHI
Other Health Insurance

OIG
Office of the Inspector General

OJT
On the Job Training

OL
Operating Location

OLA
1. Office of the Lead Agent

2. Office of Legislative Affairs (Navy)

OLUM
Online Users Manual

OMA
Operations & Maintenance, Army

OMB
Office of Management & Budget

OMC
Office of Managed Care

ONAS
Outpatient Non-Availability Statement

OOA
Out-Of-Area (care)

OOP
Out-Of-Pocket (costs/expenses)

OP/OUTPT/OUTPTN
1. Outpatient

2. Option Period

OPDS
Operation Desert Shield/Storm

OPHSA
Office of Prevention & Health Services Assessment

OPL
Other Party Liability

OPM
Office of Personnel Management

OPR
Office of Primary Responsibility

OR
Operating Room

OS
Operating System

OSD
Office of the Secretary of Defense

OSD (HA)
Office of the Secretary of Defense (Health Affairs)

OSE
Open Systems Environment

OSHA
Occupational Safety & Health Administration

OT
Occupational Therapy

OTC
Over the Counter

OTR
Outpatient Treatment Record

OTS
Off the Shelf

OTSG
Office of the Surgeon General

OWA
Other Weird Arrangement

PA
Physician Assistant

P&T (committee)
Pharmacy & Therapeutics Committee

PST
Pacific Standard Time

PA
1. Physician Assistant

2. Privacy Act

PAC
1. Patient Airlift Center

2. Pre-Admission Certification

3. Patient Advisory Council

PACAF
Pacific Air Forces

PACAREA
Pacific Area (USCG) (Medical Office for West of the Mississippi River)

PACO
Principal Administrative Contracting Officer

PACOM
Pacific Command

PAD
Patient Administration Division Subsystem of CHCS

Panograph
Panoral Radiographs

PAO
Public Affairs Office

Pap
Papanicolaou Test

PAR
1. Participating Provider

2. Patient Accounting & Reporting

PAS
1. Patient Appointment & Scheduling Subsystem of CHCS

2. Patient Appointment System

PASS
Procurement Automated Source System

PAT
Process Action Team

PATCAT
Patient Category

PB
Prime Beneficiary

PBD
Program Budget Decision

PBM
Pharmacy Benefit Management

PBMB
Pharmacy Benefit Management Board

PBX
Private Branch Exchange

PCCM
Primary Care Case Manager

PCCO
Physician-Sponsored Coordinated Care Organization

PCM
Primary Care Manager

PCMP
Prenatal Care Management Program

PCN
Primary Care Network

PCO
Procurement/Procuring Contracting Officer

PCP
1. Primary Care Provider
2. Primary Care Physician
3. Primary Care Practitioner

PCPM
Per Contract Per Month

PCR
Physician Contingency Reserve

PCS
Permanent Change of Station

PDCA
Plan-Do-Check-Act

PDL
Preferred Drug List

PDM
Program Decision Memorandum

PE
Physical Exam

PEB
Physical Examination Board

PEC
Pre-Existing Condition

PERSCOM
Personnel Command

PERT
Program Evaluation Review Technique

PFPWD
Program for Persons with Disabilities

PFTH
Program for the Handicapped

PGBA
Palmetto Governments Benefits Administrators

PGP
Prepaid Group Practice

PHCO
Physician-Hospital-Community Organization

PHN
Preferred Health Network

PHO
Physician-Hospital Organization

PHP
1. Partial Hospital Programs

2. Prepaid Health Plan

PHR
Pharmacy System of CHCS

PHS
Public Health Service

PIC
1. Personality Inventory for Children

2. Performance Improvement Committee

3. Personal Identification Card

PIMS
Provider Information Management System

PIN
Provider Identification Number

PIP
1. Personal Injury Protection

2. Periodic Interim Payment

PL/P.L.
1. Public Law

2. Price List

PLI
Personal Liability Insurance

PMC
Physician Management Corporation

PMG
Primary Medical Group

PMO
Program Management Office

PMP
Performance Measurement Program

PMPM
Per Member Per Month

PMPY
Per Member Per Year

PNM
Price Negotiation Memorandum

PO
Purchase Order

POA
Power of Attorney

POA&M
Plan of Action & Milestones

POC
Point of Contact

POD
Pool of Doctors

POL
1. Petroleum & Other Lubricants

2. Patient Order List (formerly Patient Care Plan)

POM
Program Objectives Memorandum

POMCUS
Prepositioned (Prepositioning of) Material Configured to Unit Sets

POS
Point of Service

POTGR
Point of Total Government Responsibility

PPA
1. Preferred Provider Arrangement

2. Patient Protection Act

3. Prompt Payment Act

PPGP
Prepaid Group Practice

PPIP
Put Prevention into Practice

PPL
Pricing & Product List

PPM
1. Physician Practice Management

2. Principle Period of Maintenance

PPN
Preferred Provider Network

PPO
Preferred Provider Organization

PPRC
Physician Payment Review Commission

PPS
Prospective Payment System

PRIMUS
Primary Care for the Uniformed Services

PRN
As needed or as necessary

PRO
Professional or Peer Review Organization

PSA
Professional Services Arrangement

PSN
Provider Sponsored Network

PSO
Provider-Sponsored Organization

PSRO
Professional Standards Review Organization

PT
Physical Therapy

PTMPY
Per Thousand Members Per Year

Pub.Cont.L.J.
Public Contract Law Journal

PV
1. Prime Vendor

2. Present Value

PWDP
Persons With Disabilities Program

PWS
Performance Work Statement

QA
Quality Assurance

QAE
Quality Assurance Evaluator

QARI
Quality Assurance Reform Initiative

QASP
Quality Assurance Surveillance Plan

QBL
Qualified Bidders List

QC
Quality Control

QI
Quality Improvement

QIC
Quality Improvement Committee

QIP
Quality Improvement Program

QM
1. Quality Management

2. Quality Monitoring

QMB
1. Quality Management Board

2. Qualified Medicare Beneficiary

QML
Qualified Manufacturer's List

QMP
Quality Management Program

QOL
Quality of Life

QPL
Qualified Products List

QR
Quality Review

R&C
Reasonable & Customary

R&D
Research & Development

RAD
Radiology Subsystem of CHCS

RAPS
Resource Analysis & Planning System

RASS
Regional Automated Surveillance System

RBAC
Regional Beneficiary Advisory Council

RBE
Risk-Bearing Entity

RBRVS
Resource Based Relative Value Scale

RC
Requirements Contract

RCMI
Relative Case Mix Index

RDD
Required Delivery Date

RDDB
Reportable Disease Data Base

REA
Request for Equitable Adjustment

REAT
Regional Enrollment Advisory Team

REC
Regional Executive Council

RFC
Request for Comments

RFP
Request for Proposals

RFQ
Request for Quotation

RFT
Request for Technology

RFTP
Request for Technical Proposals

RFW
Request for Waiver

RGB
Regional Governing Board

RHSP
Regional Health Services Plan

RM
1. Risk Management

2. Resource Management

RMAT
Regional Marketing Advisory Team

RMC
Regional Medical Command

RMO
Resource Management Office

RN
Registered Nurse

ROA
Research Opportunity Announcement

ROD
Report of Discrepancy

RON
Remain Over Night

ROP
Re-Order Point

ROPO
Report of Performance Observation

RRAT
Regional Readiness Advisory Team

RS
Resource Sharing

RSPT
Resource Support

RTC
Residential Treatment Center

RUM/QMAC
Regional Utilization Management/Quality Management Advisory Council

RVS
Relative Value Scales

RVU
Relative Value Unit

RWP
Relative Weighted Product

Rx
1. Prescription

2. Outpatient Medication

SA
Secretary of the Army

SADR
Standard Ambulatory Data Record

SAF
Secretary of the Air Force

SAIC
Science Applications International Corporation

SAP
Simplified Acquisition Procedure

SASC
Senate Armed Services Committee

SBA
Small Business Administration

S-Call
Sick Call

SCA
Service Contract Act

SCP
Specialty Care Physician

SCR
Standard Class Rate

S.Ct.
Supreme Court

SD (or SECDEF)
Secretary of Defense

S&D
Suspension & Debarment

SDS
Same Day Surgery

SEC
Securities & Exchange Commission

SECAF
Secretary of the Air Force

SECDEF
Secretary of Defense

SECDOT
Secretary of Transportation

SECNAV
Secretary of the Navy

SEN
Statement of Essential Need

SET
Source Evaluation Team

SF
Standard Form

SFP
Straight-Fixed Price (type of contract)

SG
Surgeon General

SHMO
Social Health Maintenance Organization

SICU
Surgical Intensive Care Unit

SIDR
Standard Inpatient Data Record

SIM™
Surgical Indications Monitoring for Retrospective Validation

SIR
Screening Information Request

SIT
Standard Insurance Table

SM
Service Member

SME
Subject Matter Expert

SMG
Specialty Medical Group

SMHS
Sierra Military Health Services

SMI
Supplemental Medical Insurance

SNF
Skilled Nursing Facility

SOAP
Subjective-Objective-Assessment-Plan (charting method)

SOFA
Status of Forces Agreement

SOO
Statement Of Objectives

SOP
Standard Operating Procedure

SOUTHCOM
Southern Command

SOW/SoW
Statement of Work

SPCC
Strategic Planning & Coordinated Care

SPIN
Standard Prescriber Identification Number

SPSNN
Sponsors Social Security Number

S.R./S. Rpt.
Senate Report

SS
Sole Source

SSA
1. Source Selection Authority

2. Social Security Administration

SSAC
Source Selection Advisory Council

SSEB
Source Selection Evaluation Board

SSN (or SSAN)
Social Security Number

SSP
Source Selection Plan

STD
Sexually Transmitted Disease

STS
Specialty Treatment Services

STSF
Specialty Treatment Services Facility

SUDRF
Substance Use Disorder Rehabilitation Facility

SW
Software

SWOT
Strength-Weakness-Opportunities-Threats (analysis)

SWO
Stop-Work Order

SWS
Social Work Services

TA
Technical Assistance

T&M
Time & Materials (contract)

T4C or T for C
Termination for Convenience

T4D or T for D
Termination for Default

TAD
Temporary Additional Duty (USN& USCG)

TAG
TRICARE Administrative Guide

TAMC
Tripler Army Medical Center (Army)

TAMMIS
Theater Army Medical Management Information System

TAN
Treatment Authorization Number

TAPA
Total Army Personnel Agency

TAT
Turn-Around Time

TBASCO
TRICARE Basic & Advanced Student Course

TBD
To Be Determined

TCC
TRICARE Claim Check

TCO
Termination Contracting Officer

TD
Technical Data

TDA
Table of Distributions & Allowances

TDY
Temporary Duty

TEB
TRICARE Executive Board

TEC/TMA
TRICARE Executive Council/TRICARE Management Activity

TEFRA
Tax Equity & Fiscal Responsibility Act (OF 1982)

TEL-CON
Telephone Consult

TET
Technical Evaluation Team

TFMEP
TRICARE Financial Management Education Program

THBC
TRICARE Health Benefits Course

TIN
Taxpayer Identification Number

TINA
Truth in Negotiations Act

Title XVIII
Medicare; of the Social Security Act

Title XIX
Medicaid; of the Social Security Act

TMA
TRICARE Management Activity

TOE
Table of Organization & Equipment

TPA
Third Party Administrator

TPC
Third Party Collection

TPL
Third Party Liability

TPMRC
Theater Patient Movement Requirement Center

TPOCS
Third Party Collection System

TPP
Third Party Payers

TPR
TRICARE Prime Remote

TQM
Total Quality Management

TRICARE
Tri-Service Healthcare

TSC
1. TRICARE Service Center

2. Technical Service Center

TSCO
Triservice Contracting Officer

TSO
TRICARE Support Office

TSP
TRICARE Senior Prime

U&C
Usual & Customary

UB-92
Uniform Billing Code of 1992

UCA
Uniform Chart of Accounts

UCAPERS
Uniform Chart of Accounts Personnel System

UCC
1. Urgent Care Center

2. Uniform Commercial Code

UCR
Usual, Customary, Reasonable

UIC
Unit Identification Code

UM
Utilization Management

Unpub.
Unpublished

UR
Utilization Review

URAC
Utilization Review Accreditation Commission

URO
Utilization Review Organization

US
Ultrasound

USA
United States Army

USAF
United States Air Force

USAFE
United States Air Force European Command

USAMMA
United States Army Medical Materiel Management Activity

USAREUR
United Stated Army Europe

USC/U.S.C.
United States Code

USCC
United States Claims Court

USCENTCOM
United States Central Command

USCG
United States Coast Guard

USCINCEUR
United States Commander-in-Chief European Command

USFHP
Uniformed Services Family Health Program (former USTF)

USMC
United States Marine Corps

USN
United States Navy

USNAVHOSP
United States Naval Hospital

USNS
United States Naval Ship

USPACOM
United States Pacific Command

USPHS
United States Public Health Service

USPS
United States Postal Service

USS
United States Ship

USTF
Uniformed Services Treatment Facilities

USUHS
Uniformed Services University for Health Sciences

VA
Department of Veteran's Affairs

VAAR
Veterans Administration Acquisition Regulation

VACAB
Veterans Administration Contract Appeals Board

VAMC
Veteran's Affairs Medical Center

VECP
Value Engineering Change Proposal

VHCA
Veterans Healthcare Act

VISN
Veteran's Integrated Service Network

VNA
Visiting Nurse Association

VTF
Volume Trade-off Factors

WAM
Workload Assignment Module

WAN
Wide Area Networks

WBS
Work Breakdown Schedule

WC
Workers' Compensation

WEDI
Workgroup for Electronic Data Interchange

WHMC
Wilford Hall Medical Center (Air Force)

WHO
World Health Organization

WIC
Women, Infants & Children's Program

WJON
Workload Job Order Number

WMSN
Workload Management System for Nurses

WORS
Worldwide Outpatient Reporting System

WRAMC
Walter Reed Army Medical Center (Army)

WWR
Worldwide Workload Report

WWW
World Wide Web

YTD
Year-to-Date

Appendix B

Terminology

Abstract -- An admission summary, written by the provider and completed at the time of discharge from the hospital

Accepting CHAMPUS Assignment -- Arrangement or agreement in which a civilian provider agrees to accept the maximum CHAMPUS allowable charge, which includes the beneficiary's cost-share, as full payment for services rendered

Access -- Generally used to describe the ability of a patient to obtain medical care; commonly refers to the ease of obtaining services and usually encompasses availability and location of services, hours of operation, cost, and waiting time

Accountable Health Plan (AHP) -- A healthcare delivery system which integrates the delivery of care for a defined, enrolled population with the financing and management of care; providers can either own, contract with, or work directly for the health plan; also called integrated service network (ISN)

Accounting Equation -- A mathematical equation in which assets equal the sum of liabilities and equity

Accreditation -- A judgment rendered by a recognized authority, such as a professional association, that a healthcare organization and/or provider(s) meets nationally accepted standards of care and practice in the delivery of healthcare services

Accreditation Association for Ambulatory Healthcare (AAAHC) -- The accreditation authority for the healthcare services rendered in an ambulatory setting; serves a variety of functions including the establishment of professional standards of practice and performance measures, evaluates healthcare quality, organizational governance, and education programs, and assesses environmental conditions and the physical plant of healthcare facilities; formerly known as the ambulatory review function of the Joint Commission

Accrete -- The addition of new members to a health plan; Health Care Financing Administration (HCFA) terminology

Accrual -- A method of determining/ monitoring medical costs incurred by plan members over a designated period so that money can be set aside to pay the claims occurring in that period

Accrual Basis of Accounting -- A normal accounting practice in which both revenue and expenses are accounted for in the period in which they occur regardless of whether money is exchanged in that period or not

Accumulating Costs[1] -- The process of collecting cost data in an organized manner

Accumulation Period -- The annual period in which a health plan member must pay 100% of claim costs until reaching the amount of the annual deductible

Acquired Immune Deficiency Syndrome (AIDS) -- A viral disease which affect's the body's immune system decreasing a person's ability to fight illness and infection; health plans manage patients with AIDS as either a patient with a chronic condition or as a carve out

Acquisition[2] -- "Acquiring, by contract with appropriated funds, of supplies or services by and for the use of the federal government through purchase or lease, whether the supplies or services are already in existence or must be created, developed, demonstrated, and evaluated"; process begins at the point when an agency's needs are determined including description of requirements, solicitation and selection of sources, award of contracts, contract financing, contract performance monitoring, contract administration, and any other management functions required to fulfill the agency's needs

Actively-At-Work -- Most health coverage stems from a person's employment status and this contract term delineates that an employee must be working the day the health policy becomes effective, otherwise, coverage will be deferred until the employee returns to work

Activities of Daily Living (ADL) -- A medical term describing normal self-care functions associated with independent living including eating, bathing, dressing, and access to transportation; ADLs are evaluated to determine a patient's need for home health services or assisted living arrangements

Actual Charge -- The actual amount billed to an insurance company or payer for healthcare services rendered by a physician or other healthcare provider

Actual Cost[3] -- An amount based on the actual cost incurred, as opposed to a forecasted cost; the actual bill amount submitted by the physician for services rendered

Actuarial Assumptions -- The assumptions utilized in calculating the anticipated costs and revenues of a healthcare plan and includes factors such as the cost of services, age and sex of members, and utilization rates

Actuary -- A person educated as an accredited insurance mathematician who is employed within the healthcare/insurance industry and calculates premium rates and reserves and dividends associated with the care of a defined population

Acuity -- A unit of measure to determine how sick a patient really is; used to determine the amount of healthcare services each patient will require, primarily the number of nurses needed

Acute Care -- A level of healthcare service which deals with immediate, short-term healthcare needs averaging less than 30 days; the goal of acute care facilities is to offer ready access to services for intensive, short-term healthcare needs; found in hospitals, ambulatory surgical units and clinics

Additional Benefits to Medicare Risk -- Valued additional benefits of managed care programs for the Medicare eligible population by Risk Health Maintenance Organizations (HMOs); includes but is not limited to physical exams, outpatient medications, education, and dental care

Additional Drug Benefit List -- A small number of medications, usually falling into the long-term or chronic use category, which are approved for use by a health plan; the list is created to establish which medications are the most effective at the most reasonable cost; also called drug maintenance list

Adjudication[4] -- A review of bills/claims to determine payment

Adjusted Average Per Capita Cost (AAPCC) -- The method used to determine the premium rate paid by the government to Health Maintenance Organizations (HMOs) for Medicare beneficiaries in a defined geographic region based on historical data using fee for service costs

Adjusted Community Rating (ACR) -- A method to determine and set insurance rates based on the expected use of services during a defined period, usually a contract year; estimated payment rates that health plans would receive for providing healthcare services for their Medicare population and that are adjusted for utilization rates

Adjustment to Payment -- When the actual number of members exceeds the projected, adjustments are made to account for the differences; used for calculating advance payments

Administrative Change[5] -- A written, unilateral contract change in which the substantive rights of the parties are not affected

Administrative Contracting Officer[6] (ACO) -- A contracting officer responsible for the administration of one or more specific contracts; also, a contracting officer who specializes in contract administrative functions/duties

Administrative Costs -- The costs of healthcare in excess of the actuarial costs for health services to be rendered over the period of coverage; assumed by the managed care plan; (e.g., billing, marketing, overhead, etc.)

Administrative Services Only Contract (ASO) -- An insurance company contracts with a self-funded plan in exchange for a fee and completing the administrative functions of the contract but does not incur any financial risk

Admission Certification -- Activities and procedures conducted to ensure patient's healthcare needs require admission/ hospitalization, as determined by use of standardized criteria; similar to admission review, concurrent review

Admission Review -- Administrative process of evaluating whether a patient's admission met criteria for appropriateness and medical necessity

Admissions -- The total number of patients 'admitted' to a hospital, and staying overnight during a defined period; may or may not require an actual 24-hour stay

Admissions Per Thousand (APT) -- The total number of hospital admissions per one thousand health plan members; to calculate, multiply, 'the number of admissions divided by member months' by, '1000 members' and, multiplied by 'the number of months in the time-frame being evaluated'

Admits -- The number of inpatient admissions (any type of facility)

Admitting Privilege -- Authorization and approval for a provider/physician to admit patients to an inpatient facility; approving authority usually rests with the hospital board or executive committee of the medical staff

Advance Agreement[7] -- An agreement in writing, that can be negotiated before or during a contract but which must be done prior to the contractor incurring any cost; the agreement specifies how the cost will be treated for the purpose of determining allowability

Advance Payment[8] -- Money paid in advance by the government for services, prior to, but for the purpose of and in anticipation of performance under a contract

Advanced Directive -- A document by which a competent individual provides for the making of medical decisions during periods of his/her incompetency; generally a living will or a durable power-of-attorney

Adverse Privileging Action -- A formal disciplinary action recommended by the medical staff and credentialing committee of a healthcare facility which limits, suspends, or revokes a provider's clinical privileges; results from misconduct, impairment, or clinical incompetence; actions may be reported to the provider's state board licensing office and the National Practitioner Database (NPDB)

Adverse Selection -- The enrollment of sicker persons with higher healthcare utilization rates to a managed healthcare plan in unusually high numbers for a given population resulting in higher than average costs

Advice Nurse -- A registered nurse usually accessible telephonically to members of a health plan; provides healthcare advice and/or guidance on self-care and self-treatment; assists in determining the urgency for care and the appropriate level of healthcare services needed

Advocate (patient) -- A patient liaison who works within a healthcare setting and assists with patient concerns

Affirmative Action Program -- A requirement of the Department of Labor (DOL) to assure equal opportunity in employment; government contractors must comply with this program

Aftercare -- Healthcare services rendered following hospitalization or a rehabilitative stay; the goal is to individualize the care to restore the patient's health to the point that healthcare services are no longer needed

Age at Issuance Rating -- A method for determining healthcare insurance premiums based on the age of the member when he/she first purchased healthcare insurance

Age Limits -- Specific age maximum and minimums as stated in a health plan contract

Age/Sex Rate -- A method to develop health insurance premium billing rates for groups and ages; rates reflect the demographics of the group as opposed to a single person or family rate; called table rates

Agency Supplements -- Regulations issued by government agencies to supplement the Federal Acquisition Regulation (FAR)

Aggregate Indemnity[9] -- The maximum amount that can be collected for any disability under an insurance policy

Aid to Families with Dependent Children (AFDC) -- Established in 1935 as part of the Social Security Act, the program provides cash payments to children and those who care for them; evidence of need is determined from employment status or disability or death of a parent/guardian; payments amounts are governed by state law

Alignment of Incentives[10] -- An economic arrangement between physicians and hospitals which creates an incentive for physicians to accept capitation

Alliances[11] -- Relationships entered into mainly for strategic purposes

Allied Health Professional (AHP) -- A non-physician, specialty-trained healthcare professional whose services are in support of physician care but cost less; includes physician assistants (PA), certified nurse midwives (CNM), paramedics, and social workers; also called mid-level provider (MLP)

Allocate[12] -- To assign an item of cost to one or more cost objectives

Allowable Charge -- The rate established by Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) as reasonable; the rate on which CHAMPUS determines the beneficiary's cost-share for services covered, with CHAMPUS paying 80% of the allowable charge; also known as CHAMPUS Maximum Allowable Charge (CMAC); *see* Allowed Charge

Allowable Cost[13] -- A cost which is reasonable or agreed upon between contractual parties; direct and indirect costs which are reasonable and necessary for the delivery of healthcare services

Allowance for Contractual Deductions[14] -- An accounting method to determine the difference between the actual hospital charges for services in a given period and the influence of negotiated discounts by third party payers for the same services

Allowed Amount -- Maximum price per procedure; also known as maximum allowable

Allowed Charge -- The dollar amount Medicare and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) authorize and will pay a physician for a service or procedure; for participating physicians, Medicare and CHAMPUS usually pay 80% and the beneficiary pays the remaining 20%; non-participating physicians can bill beneficiaries the remaining amount above the allowed charge (balanced billing); figure used to calculate cost-shares; *see* Allowable Charge

All-Payer System -- A system designed to contain healthcare costs by establishing set rates for health services regardless of the payer; prevents cost shifting

Alternative Delivery System (ADS) -- A nontraditional health insurance program that both finances and provides care to its members; any healthcare outside of the traditional fee-for-service structure including Independent Provider Associations (IPAs), Preferred Provider Organizations (PPOs), and Health Maintenance Organizations (HMOs)

Ambulatory Care -- Healthcare delivered on an outpatient basis; locations include doctor's offices, clinics, and ambulatory surgical centers as long as the admission/stay is less than 24 hours; in contrast to services provided in the home or to persons admitted to the hospital

Ambulatory Care Group (ACG) -- *See* Ambulatory Patient Group (APG)

Ambulatory Care Review -- Utilization management (UM) tool to retrospectively review healthcare services delivered to ensure the appropriate use of services

Ambulatory Diagnostic Group (ADG) -- *See* Ambulatory Patient Group (APG)

Ambulatory Patient Group (APG) -- A patient category developed by the Health Care Financing Administration (HCFA); APGs are classification systems used for reimbursement for ambulatory/outpatient procedures; similar to diagnosis related groups (DRGs) for inpatient care; reimbursement is a fixed price and eliminates the unbundling of ancillary services associated with the episode of care; also called Ambulatory Care Group (ACG) or Ambulatory Diagnostic Group (ADG)

Ambulatory Procedure Unit (APU) -- A designation in the Composite Health Care System (CHCS) for a hospital location in which healthcare services are centrally managed and coordinated, providing assistance and observation for patients in need of less than 24 hours of care; must use an "S" in the location type field to identify the hospital location as an APU

Ambulatory Procedure Visit (APV) -- A procedure or surgical intervention requiring less than 24 hours in the hospital; APV patients are considered outpatients

Ambulatory Surgical Center (ASC) -- Surgical care, usually of a low risk or uncomplicated nature, completed without admission to a hospital; facilities may be hospital based or free-standing and independently owned; also known as same day surgery (SDS) centers

Amendment -- A formal document changing the terms and conditions of a contract; a formal change to a solicitation

American Academy of Medical Administrators (AAMA) -- Professional association of healthcare administrators and managers

American Association of Health Plans (AAHP) -- Association of managed care organizations; trade organization

American Association of Preferred Providers Organizations (AAPPO) -- Association of PPOs; trade organization

American Association of Retired Persons (AARP) -- National association representing the interests of the retired population; strong lobby on Medicare and managed care matters

American College of Healthcare Executives (ACHE) -- A professional association for healthcare administrators and managers

American Group Practice Association (AGPA) -- An association established in 1989 to study outcomes management; goal is to facilitate informed healthcare decisions by patients and providers; formed by merger of Group Health Association of America (GHAA) and American Managed Care and Review Association (AMCRA) in 1996

American Hospital Association (AHA) -- National association for hospitals; trade organization

American Medical Association (AMA) -- Professional association of physicians

American Medical Group Association (AMGA) -- Trade organization comprised of more than 300 group practices; goal is to ease the antitrust laws to allow Independent Provider Associations (IPAs) and Preferred Provider Organizations (PPOs) to compete with managed care plans

American Osteopathic Association (AOA) -- A professional association of osteopathic physicians; the organization offers accreditation inspections similar to that of the Joint Commission

Ancillary -- Supplemental healthcare services needed in support of medical and other healthcare; e.g., anesthesia, laboratory, and radiology

Anniversary Date -- The beginning date of the benefit year for group insurance

Annual Adjustment[15] -- A contractual provision which provides an opportunity to review the conditions of the contract annually to evaluate its terms for appropriateness in relation to extending the contract under the existing terms; also known as economic price adjustment which is the re-determination of the contract price

Annual Funding[16] -- A Congressional practice of limiting authorizations and appropriations to one fiscal year at a time

Anthem Alliance Health Insurance Company -- The TRICARE contractor selected to administer TRICARE benefits to eligible beneficiaries in the Mid-Atlantic and Heartland regions

commencing 1 May 1998

Antikickback Statute[17] -- A law that forbids kickbacks of any kind for the referral of Medicaid or Medicare patients and provides criminal sanctions for violations; *see* Stark I and Stark II

Anti-Managed Care Legislation -- The term given to legislation which is considered to be against the interest of the managed care industry; e.g., Any Willing Provider (AWP) laws and the Mothers and Infants Care Act of 1997

Antitrust Laws -- Legislation associated with corporate ownership and controlling interests, which prevent monopolies, restraints on trade, and price fixing; *see* Clayton Act and the Sherman Act

Any Willing Provider Laws (AWP) -- Require managed care plans to sign any provider who is willing to accept the offered contract terms and payment; the goal is the protection of a patient's freedom of choice

Any-Quantity Rates -- Rates which set per item purchased and which do not vary based on the quantity of the item ordered

Appeals and Hearings[18] -- Managed care plans must clearly delineate their processes for the management and administration of appeals including when these procedures will be applied in place of member grievance procedures; a requirement for Health Maintenance Organizations (HMOs) seeking status as a federally qualified HMO

Application -- A signed document of facts filed by a prospective health plan member seeking insurance and subsequently utilized by an insurer to determine whether to issue a policy

Appointment -- A reserved time for a specific patient to see a specific healthcare provider; patients are said to have appointments and healthcare providers have schedules

Appointment Booking -- The actual process of searching for, selecting, and reserving an appointment time for a specified patient

Appointment Referral -- A request for specialized healthcare services generated by a primary care provider/manager (PCP/PCM)

Appropriate Care -- Healthcare services delivered in which the benefit of the actual care provided outweighs the negative outcomes in sufficient measure to justify the treatment/care

Appropriateness Review -- The review of individual healthcare cases for clinical appropriateness and medical necessity for both surgical and diagnostic procedures; review is against pre-established standards and criteria; no one universal set of criteria exists

Approval -- Acceptance or agreement; usually refers to treatments or procedures certified as necessary following a utilization review; approval is granted by a Managed Care Organization (MCO), Primary Care Provider (PCP), or Third Party Administrator (TPA) depending on the situation

Approved Charge -- Limits on expenses set by Medicare for a geographic area for a covered benefit; charges approved for payment by private insurers

Approved Healthcare Facility -- A facility approved to provide services under a given health plan; a facility that is licensed, and authorized to provide healthcare services under state law (may require accreditation)

Arbitration -- When a contractual dispute is referred to a mutually agreed upon neutral, third party for resolution; may be binding or advisory

Armed Services Board of Contract Appeals[19] **(ASBCA)** -- The executive branch entity that is responsible to decide appeals stemming from a contracting officer's decisions related to contracts for acquisition (of supplies and services but not those concerning data processing) by Department of Defense (DoD)

Asset-Based Lending -- Making a loan using receivables and inventory as assets for collateral for the loan

Assignment of Benefits -- When a health plan pays the physician directly as opposed to through the member; requires contractual arrangements between the member, the provider, and the health plan

Assumption of Financial Risk -- The financial risk assumed by a managed care organization on behalf of its members

Assumption of Risk -- The acceptance of risk associated with a course of treatment by a patient following counseling advising the patient of the known hazards; as a result, the patient is unable to recover damages unless there is evidence of other malpractice

Asynchronous Transfer Mode (ATM) -- A method of data transmission by breaking the information down into uniform pieces and transmitting it asynchronously and reassembling it on the other end; allows for rapid transmission and allows different platforms to communicate with each other

Attending Physician -- A physician responsible for medical care delivered in the hospital; physicians employed by the hospital are not attending physicians

Attrition Rate -- Percent of members who disenroll or leave a health plan; usually calculated per month

Audit -- The review and evaluation of an organization's books and business records to determine the integrity of its financial statements; usually completed by a certified public accountant; in contracting it is performed by the Defense Contract Audit Agency (DCAA)

Authorization (for care) -- Approval requirement by either the health plan or a primary care provider for procedures, specialty referrals, or admissions in order for the health plan to cover the cost of the care; the determination that the requested care is medical necessary, delivered in the appropriate setting (level of care) and is a covered benefit; utilization management tool

Authorized Provider -- An authorized physician or facility approved by a health plan to deliver healthcare, services, or supplies; if a patient uses a non-authorized provider, the plan may refuse to pay; applies to the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and Medicare programs; in the military health system (MHS), provider must agree to accept CHAMPUS Maximum Allowable Rate (CMAC) or CMAC+15%

Authorized User -- Authority to perform special functions and within CHCS through access to all required security keys

Automated Quality of Care Evaluation Support Systems (AQCESS) -- An automated inpatient system which generates reports including occupied bed days and discharges by services

Availability -- *See* Access

Average Cost per Claim -- A monetary amount which consists of the charge for clinical care and the administrative charge for services; usually calculated for admissions, outpatient episodes of care, and physician services

Average Daily Census (ADC) -- The average number of inpatients per day over a given period; to calculate, divide the number of patient days per period by the number of calendar days of the same period

Average Daily Patient Load (ADPL) -- The average number of inpatients hospitalized during a given period, includes patients out on pass and those admitted and discharged on the same day

Average Length of Stay (ALOS) -- The average number of days each patient remains in the hospital per admission in a given time period, with variation based on diagnosis, age, and sex; to calculate, divide the total number of bed days by the number of discharges for the established period

Average Wholesale Price[20] **(AWP)** -- The standard charge for a pharmacy item; a discount from the retail rate; the average cost of a non-discounted pharmaceutical charged to a pharmacy provider by a large group of pharmaceutical wholesale providers

Backwards Integration[21] -- A strategic decision of a healthcare organization to grow or expand its presence in a market, moving along the channel of distribution towards its suppliers; a strategy of merging or purchasing other organizations which precede its designated set of services

Balance Billing -- The practice of billing a patient directly for all costs which are above or beyond what an insurance plan and co-payment will cover; can include charges above the usual and customary rate or charges for medically unnecessary services; under Medicare and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), providers cannot charge more than 15% above the approved charge (CHAMPUS Maximum Allowable Charge (CMAC)); the patient is responsible for his/her cost share plus the 15%; balanced billing is not allowed by federal law for TRICARE Network providers

Balanced Budget Act of 1997 -- Intended to balance the federal budget and included amendments to existing legislation providing for Medicare + Choice, specifics governing Medical Savings Accounts, and the Medicare Subvention demonstration project conducted by the Department of Defense (DoD); includes provisions governing Medicare, Medicaid, and children's health initiatives

Base Capitation -- The specific dollar amount per member per month required to cover basic healthcare costs; usually does not include administrative overhead, pharmacy services or carve-outs

Base Realignment And Closure (BRAC) -- A program for closing or realigning military installations as directed by Congress

Basic Agreement[22] **(BA)** -- A written statement of understanding, negotiated between an agency and a contractor, containing contract clauses applying to future contracts between the parties and contemplating separate future contracts that will incorporate by reference or attachment the required and applicable clauses agreed upon in the basic agreement; a basic agreement is not a contract

Basic Healthcare Services -- Healthcare services any health plan member would reasonably require to maintain good health; in most circumstances this would include ambulatory care (medical), hospitalization services, emergency care, home health and preventive services as delineated in the Federal HMO Regulations

Batch Order Processing -- Inputting a group of orders into the Composite Health Care System (CHCS) but not activating them until all orders are entered into the system; allows for orders to be amended and canceled before the system transmits them to ancillary services

Batch Post -- The ability to enter the same data into numerous records simultaneously

Bed Days -- A unit of measure quantifying the number of days a patient remains in the hospital excluding the day of discharge; calculated/reported as "hospital days per 1000 members/year"; also called patient days, days per thousand or hospital days

Benchmark -- A unit of measure depicting the industry's finest for a specific measure

Benchmarking -- A comparison of healthcare practices against the industry standard or best practice; a method to improve the quality of a service by continuously comparing one organization against the most efficient comparable organizations across the nation; the process of creating a comparative standard as a measurement tool within an industry

Beneficiary (Military Health System Beneficiary) -- Any person(s) covered by a health plan and entitled by contract to managed healthcare services; any person entitled to care in the Military Health System (MHS) (TRICARE benefits)

Beneficiary Liability -- The dollar amount, not covered by the health plan, that the beneficiary is required to pay; includes co-payments, deductibles and balanced billing fees

Beneficiary Services Representative (BSR) -- Members of the healthcare team, employed in a TRICARE Service Center (TSC), who are responsible for assisting beneficiaries with Primary Care Manager (PCM) selection, benefit interpretation, access issues, and appointment scheduling

Beneficiary Type -- Same as "patient category"

Benefit(s) -- Specific areas of coverage by a health plan and delineated in a contract, examples include hospitalization and/or outpatient visits

Best and Final Offer (BAFO) -- A contractor's final offer or bid on a contract (procurement); a final offer submitted in contractual negotiations issued at the request of the contracting officer following the conclusion of discussions; an obsolete term, *see* Final Proposal Revision (FPR)

Best Practices/Best Practice Protocols -- Protocols or plans of care that are currently accepted to be the best method to prevent, diagnose or treat a medical condition; practices incorporating expected outcomes within specific times frames; incorporating continuous quality improvement (CQI) principles and providing a mechanism for variance analysis; utilized to generate benchmarks; also called medical protocols, practice guidelines, critical pathways (CP) and clinical pathways

Best Value Source Selection -- In the selection of a contractor, offerors are ranked using both technical merit of their proposal, cost, and, past performance; selection or award may not be to the lowest price offer if awarding the contract to another provides the government with added benefits or with benefit(s) commensurate with the additional price

Bid and Proposal (B&P) Costs -- The total costs associated with, or as a result, of the preparation and submission of a bid or proposal

Bid Guarantee[23] -- A form of security assuring that the bidder will not withdraw a bid within the period specified for acceptance and will execute a written contract and furnish required bonds within the time specified in the bid

Bid Price Adjustment[24] **(BPA)** -- A systematic, regularly scheduled process to measure the managed care support contract costs and payment over each option period relative to the initial bid price of the contract, actual healthcare costs, and key risk factors; the bid price is comprised of four components: administrative profit, administrative costs, healthcare profit and healthcare costs, with the first three fixed by the contractors best and final offer leaving the actual healthcare costs bid price adjustable; economic price adjustments in the contractor's proposed price compensate for fluctuations in workload or other economic factors

Billed Claims/Billed Charges -- Charges submitted by a provider for healthcare services provided to a health plan covered member; Fee For Service (FFS); considered the most expensive reimbursement arrangement

Billing Lag -- The time lag between an incurred cost and the submission of a claim

Blended Capitation[25] -- A method of reimbursement which mixes fee-for-service with adjusted average per capita cost capitated reimbursement; encouraged with Medicare + Choice demonstration; *see* Adjusted Average Per Capita Cost (AAPCC)

Blue Cross-Blue Shield Plan (BC/BS) -- A subsidiary of the National Blue Cross-Blue Shield (BC/BS) Association; local health insurer; called the 'Blues', refers to any or all types of Blue Cross or Blue Shield plans

Board Certified -- A physician who has successfully completed oral and written examinations within his/her area of specialty and is thereby certified to provide care within the specialty

Board Eligible -- A physician who, because he/she has completed medical school, residency and specialty training, and has a specific amount of practical experience, is therefore eligible to take the certification exam within the specialty

Break-Even Point -- The total number of covered lives required for a health plan to balance costs and revenue; operating at neither a profit nor a loss where the total costs equals total revenue

Budget Neutral -- Under current Medicare laws and regulations, adjustment of payment rates to ensure total expenditures remain the same

Buffing[26] -- The transfer of a known high-cost patient from one physician to another within a managed care environment to avoid loss of profits

Bundling (Bundled Payment/Billing) -- Practice of charging a lump sum for all medical services related to a specific healthcare procedure or service

Cafeteria Plan -- A plan which allows its members to select their own benefit structure; refers to companies offering employees a choice between two or more benefits or plans

Calendar Year (CY) -- The year commencing 1 January and ending 31 December; used to establish payment of deductibles for Managed Care Organization (MCO) enrollees

Capital -- The amount of owner's equity in a business

Capitation (Capitated Payment/Claim/Capitation Financing/Cap -- A contractually agreed upon fee paid periodically to a provider or health plan to provide healthcare services for each enrolled member or covered life; the fee is paid per person, not for each service utilized; usually paid Per Member Per Month (PMPM); is the preferred reimbursement method associated with managed care; Department of Defense (DoD) method of allocating healthcare resources based on population (personnel and Operating and Maintenance (O&M) funds)

Capitation Rate -- Fee negotiated to cover each member (Per Member Per Month (PMPM)); Managed Care Organization or provider assumes risk that the PMPM rate will cover the actual cost of all services for all members in the plan

Cardinal Change -- A change so major that it is outside the scope of the contract and should result in a new procurement

Care Coordinator -- A member of the healthcare team, usually the Primary Care Manager (PCM) or a physician extender e.g., Physician Assistant (PA) or Nurse Practitioner (NP), who is responsible for oversight and management of a patient's care to ensure appropriate and timely healthcare; care coordination uses utilization management strategies for cost containment; gatekeeper

Care Plans -- A documented set of outcome expectations written for each patient; usually associated with clinical protocols and practice guidelines

Career-Limiting Move[27] (CLM) -- "A boneheaded mistake by a manager"

Carrier Replacement (CR) -- A situation where one carrier replaces at least one other carrier on a specific group, allowing for the consolidation of group experience ratings (risk)

Carve out -- High cost or specialty medical services not included in a basic healthcare plan or in a capitated (Per Member Per Month (PMPM)) environment; these services not included in the basic health plan are contracted, financed, and managed separately; also called clinical exclusions; e.g., mental health and substance abuse services

Case Management -- A utilization management technique for the coordination and oversight of patient care ensuring quality, appropriateness, efficiency, and cost-effectiveness; designed to optimize patient outcomes in the most cost-effective manner; provides continuity for patients requiring high cost or complicated, resource intensive healthcare; also called catastrophic case management and/or medical case management

Case Manager -- A medical professional who oversees and manages the healthcare needs of patients requiring high-cost or resource intensive care; this management promotes and facilitates the timely movement of patients to the most appropriate level of care, often initiating early discharge with home healthcare or alternative care services resulting in reduced costs

Case Mix[28] -- The mix of patients a facility, provider, or hospital treats; encompasses severity of illness, utilization of services and diagnosis; influences the average length of stay, cost and scope of services a facility provides

Case Mix Index -- A comparative measure of the relative costliness to provide care for patients in an inpatient setting

Case Rate -- A set amount charged and paid for the care of a patient, based on his/her diagnosis and includes all services required; also called Flat-Fee, Bundled Rate

Cash Flow Budget -- A forecast per period of incoming and outgoing cash

Catastrophic Cap -- A ceiling or "cap" on the amount an individual or family has to pay out-of-pocket for healthcare services covered by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) in a given year

Catastrophic Insurance -- An insurance plan which provides coverage against the high cost of treating a severe or lengthy illness which is not covered by any other insurance plan; insurance which covers a loss exceeding a predetermined dollar amount

Catchment Area[29] -- A geographic region in which a health plan has patients; the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) delineates catchment areas using zip codes; the 40-mile area surrounding a military treatment facility (MTF) in which the MTF has financial responsibility for eligible patients residing there-in

Census -- The total number of patients in a hospital or on an inpatient ward at a given point in time; daily census

Center of Excellence (COE) -- Healthcare institutions that provide a specialized product line that is a cost-effective, high quality, specialized clinical program; developed to distinguish particular institutions from others, by providing a major procedure in the most efficient and cost-effective method, promoting admissions (volume) within the specialty and developing economies of scale

Centralized Appointing -- A system of patient appointing where the actual appointing function for a large clinical area is done at a single site remote from the patient care area; the appointing may be conducted for a single clinical site or facility or for multiple agencies that may be separated by some distance; a current business practice which streamlines and consolidates functions to one location while reducing costs associated with the management of numerous appointing offices or cells

Certificate of Authority (COA) -- State issued authority granting a Health Maintenance Organization (HMO) a license to operate within the state

Certificate of Coverage (COC) -- A basic document which serves as evidence of coverage, delineating healthcare benefits and coverage terms under a plan; provided to enrolled members by a health plan as required by state law

Certificate of Need (CON) -- A certificate, required by some states, granting approval for a healthcare facilities/ organizations to add healthcare services or construct or modify their existing facilities; a cost-containment method by state health planning agencies to prevent the duplication of services

Certification -- The determination, based on documentation (e.g., a review of credentials) and other information that a person meets the proficiency standards of a professional organization/ association

Certification for Care[30] -- The determination that a provider's request for care is consistent with existing standards, policies and criteria; not synonymous with authorization for care

Change Order[31] -- A unilateral change to a contract; a written order that is signed by the contracting officer directing the contractor to make a change; the Changes Clause authorizes the contracting officer to make and issue change orders without the contractor's consent

Charges -- A price list for services that is required by hospitals participating in Medicare; Medicare mandates the same charges be applied to all patients regardless of their ability to pay or their source of payment

Cherry Picking -- A process used by insurers to select and enroll the healthiest patients in an attempt to keep costs low; favorable selection; current portability laws and guaranteed renewal programs are governmental attempts to prevent/limit this practice

Chief Executive Officer[32] (CEO) -- An agent of the governing board who holds formal responsibility for the entire organization; usually appointed by the board

Churning -- An unethical business practice where physicians see patients more often than is medically necessary or where they generate unnecessary specialty referrals to increase revenue; experienced in the fee-for-service environment

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) -- A cost sharing health program developed by the federal government to provide health coverage for the families of active duty military personnel, retired military members and their families, and other designated persons; the program helps beneficiaries pay for civilian healthcare when military healthcare is not available

Civilian Health And Medical Program of the Uniformed Services (CHAMPUS)-Allowable -- The amount CHAMPUS has determined to be a fair price for a specific service and that includes all cost shares

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge (CMAC) -- The maximum reimbursement CHAMPUS will pay to a civilian healthcare provider for services provided to military family members; rates are set per Current Procedural Terminology (CPT) code and Diagnosis Related Group (DRG)

Civilian Health And Medical Program of the Uniformed Services (CHAMPUS) Medical Information System (CMIS) -- An information system developed to provide timely, accessible aggregate CHAMPUS-data; provides access to data through ad hoc reports

Civilian Health And Medical Program of the Uniformed Services (CHAMPUS) Supplemental Insurance -- A health plan designed to augment the benefits of the CHAMPUS program for eligible beneficiaries

Civilian Health and Medical Program of the Veteran's Administration (CHAMPVA) -- A medical care program for the beneficiaries of disabled living or deceased service members who meet pre-established eligibility requirements of the Department of Veteran's Affairs (DVA); benefits are the same as those for beneficiaries of retirees under CHAMPUS

Claim -- A bill; a request for payment for services rendered; submission can be in writing or electronically; can originate from a contractor or a healthcare provider; under the Federal Tort Claims Act (FTCA) must state a sum certain but can be amended

Claims Inventory -- Those claims received by third party administrators but not yet adjudicated

Claims Review -- A retrospective review process which evaluates the medical necessity and clinical appropriateness of care rendered prior to reimbursement; evaluates cost for reasonableness

Clayton Act of 1914 -- Legislation which prevents the creation of monopolies; a supplement to the Sherman Act of 1890; goals include safeguarding against price discrimination, asset mergers, and joint ventures which might limit market competition; 15 U.S.C. 13-19

Clinical Exclusions -- *See* Carve Out

Clinic Without Walls (CWW) -- *See* Group practice Without Walls (GPWW)

Clinical Nurse Practitioner -- An advance practice nurse with specialty training who assumes primary responsibility for patient care including, diagnosis, clinical management, and treatment, and who is able to independently bill for third party reimbursement in most states; *see* Nurse Practitioner (NP)

Clinical Pathways (CP) -- A healthcare management tool utilized to enhance clinical decision-making in the inpatient and outpatient environments; a measure of utilization; care plans with defined outcomes in defined time periods individually tailored to each military treatment facility (MTF) based on the services available at the facility; *see* Best Practices

Clinical Practice Guidelines (CPG) -- Service and/or specialty specific guidelines without the delineated time frames associated with Critical Pathways (CP); those focused on patients with disease processes that will take an expected or predictable course; *see* Best Practices

Clinical Privileging[33] -- A process of granting a licensed provider authority to deliver defined and specifically delineated healthcare services within a health plan or healthcare facility; limitation on the provider's scope of practice depending upon his/her licensure, education, training, peer and supervisor recommendations, and demonstrated current competence

Clinical Record -- The hard copy inpatient record containing all the notes and documents detailing the care and treatment rendered

Closed Access -- A Health Maintenance Organization (HMO) which restricts members' choices, requiring them to select a primary care provider from within the plan's participating providers; a HMO which does not provide benefits for out of network care, thus, requiring patients to receive treatment by providers within the plan except in emergencies; gatekeeper model

Closed Panel -- A physician who is not accepting new patients on his/her panel; physicians who contract with or who are employed exclusively by a managed care plan; physicians agree not to see patients from any other health plan; examples include staff and group model Health Maintenance Organizations (HMOs)

Coding -- A method of defining services provided by a physician; *see* Current Procedural Terminology-4 (CPT-4)

Coinsurance -- A cost-sharing system; the healthcare costs a covered member is responsible to pay out of pocket which is usually 20% or a fixed percentage of the total claim; a provision delineated in a health plan contract limiting the amount of coverage by the health plan with the most common arrangement reflecting the plan paying 80% of the costs of health services

Collection Period -- The average number of days it takes to collect accounts receivable

Commercial Off The Shelf (COTS) -- Products, produced by and sold to the general public, that are also purchased and used by government agencies

Common Business Oriented Language (COBOL) -- A computer language utilized in business

Community Hospital -- A non-federally owned hospital that provides general healthcare, including specialty services

Community Rating -- Method of calculating capitation or premium rates; required by Health Care Financing Administration (HCFA) for federally qualified Health Maintenance Organizations (HMOs); all members must be charged the same fee for coverage based on the average healthcare costs of the community; intent of this rating is to spread the cost of care evenly to all members and not charge the sick more for coverage than the healthy plan members

Community Rating by Class (CRC) -- For federally qualified Health Maintenance Organizations (HMOs), the CRC is an adjustment of the community's rating using demographic factors such as age, sex, family size, and marital status; the resulting premium reflects the experience of all members in a given class in a community or particular geographic area, and not just the experience of any one employer-group

Comorbid Condition[34] -- Existing on admission; a preexisting health condition that coupled with the primary diagnosis, is known to, and can be, expected to lengthen a hospitalization by at least one day

Compensation[35] -- Wages, salaries, honoraria, commissions, professional fees, and any other form of compensation, provided directly or indirectly for services rendered

Competitive Medical Plan (CMP) -- A federal designation allowing a health plan to obtain a Medicare risk contract without having to qualify as a Health Maintenance Organization (HMO); eligibility requirements are somewhat less restrictive than for HMOs but include service provisions and payment and financial solvency requirements

Competitive Range -- The group of offerors determined to have the highest likelihood of success in contract acquisition following proposal review and evaluation; that group identified and able to participate in discussions if held

Composite Healthcare System (CHCS) -- An automated and integrated comprehensive tri-service medical information system designed for and utilized by the Department of Defense (DoD); integrates demographic and clinical data, containing modules to support the delivery of healthcare services including patient administration, laboratory, pharmacy, radiology, nutrition care, nursing, outpatient and inpatient care services

Computer-Based Medical Record -- An automated patient record which replaces the traditional paper version of the health record; may allow the collection and use of aggregate data from multiple sources and treatment environments; *see* Electronic Medical Record (EMR)

Concern[36] -- Any business entity organized for profit; includes but is not limited to individual, partnership, cooperative, corporation, joint venture, or association

Concurrent Review -- Utilization management technique; a screening assessment of inpatient hospitalizations conducted to evaluate a patient's continued need for treatment and care, ensuring appropriate utilization of services and medical necessity; conducted by professional healthcare personnel other than the person responsible for the patient's care, with a goal of reducing the length of inpatient stay through early detection of those ready and able to move to a more cost-efficient level of care; appropriate for all levels of care including ambulatory services; *see* Discharge Planning (DP)

Consent[37] -- In healthcare/health law, it is the affirmation e.g., permission to do a thing, of a person who has (1) decision making capacity, (2) acts voluntarily, and, (3) makes his/her decision based on adequate and legally sufficient information

Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 -- Federal law which requires employers to offer terminated employees and their families the opportunity to buy continuation coverage for up to 18 months under the group's plan; requires all hospitals who participate in Medicare and have an emergency room to treat all emergency cases and all women in labor regardless of their ability to pay

Constructive Change -- An oral or written act or omission by the contracting officer which can have the same effect as a written change order

Consult -- *See* Referral

Contingent Fee -- Any commission or fee that is contingent upon the successful acquisition of a government contract

Continuous Quality Improvement (CQI) -- Management processes which systematically evaluate the delivery of care to provide for incremental improvements resulting in improved quality of services rendered

Continuum of Care -- A spectrum of healthcare services ranging from, preventive measures to tertiary care, which provides the patient an appropriate level of care and services based on his/her specific needs; basis for integrated healthcare systems which provide the appropriate level of care required without maintaining the patient in a more costly environment than necessary

Contract[38] -- A legally binding/enforceable agreement between two parties; a promise, or set of promises, that performance of which the law regards as a duty and for the breach of which it provides a remedy; a mutually binding legal relationship obliging the seller to furnish the supplies or services and the buyer to pay for them; includes competitively and non-competitively awarded contracts

Contract Administration Office[39] -- An office that performs assigned post-award functions related to the administration of a contract and assigns pre-award functions

Contracting[40] -- The purchasing, renting, leasing, or otherwise obtaining of supplies or services from nonfederal sources under a legally binding agreement for the breach of which the law provides a remedy; does not include grants or cooperative agreements

Contracting Action[41] -- Action resulting in a contract, including contract modifications for additional supplies or services, but not including contract modifications that are within the scope and under the terms of the contract

Contracting Office[42] -- An office that awards or executes a contract for supplies or services and performs post-award functions not assigned to a contract administration office

Contract Modification[43] -- Any written changes or revisions to the terms of a contract

Contractor -- Any person, organization or entity that enters into a legally binding/enforceable agreement with another party

Contract Year (CY) -- 12-month period in which a contract is in effect, may not coincide with a calendar year

Contracting Officer[44] **(CO or KO)** -- A person with prescribed authority to enter into, administer, and/or terminate contracts and make related determinations and findings

Contracting Officer's Representative[45] **(COR)** -- A person who serves as a technical liaison between the contracting officer and the contractor

Contracting Officer's Technical Representative[46] **(COTR)** -- A person with specialized technical knowledge or expertise relevant to a specific procurement who assists the contracting officer with the evaluation of contract matters and serves as a liaison between the Contracting Officer (CO) and the contractor concerning technical issues

Contributory Plan/Program -- An insurance plan where the employee pays for part of the insurance premium and the employer pays for the remainder

Cooperative Care -- A cost-sharing program under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) used when a beneficiary seeks care from a civilian provider or healthcare facility

Coordinated Care -- Another, but older, term for managed care

Coordination of Benefits (COB) -- Provisions regulating health plan payments; prevents double payment on a healthcare claim when the beneficiary has coverage from more than one plan, by determining who has primary responsibility to pay and who is secondary payer—-TRICARE, e.g., is second payer when beneficiary has Other Health Insurance (OHI); found in the "nonduplication" clause in a policy

Copayments -- The amount of a claim (medical services or pharmacy benefit) that the covered member must pay for out-of-pocket is usually a flat-fee in a managed care organization and paid directly to the provider at the time the care is delivered; nominal fee to prevent cost from serving as a barrier to care but to serve to discourage inappropriate utilization of health services; rate does not vary with the cost of services; *see* Coinsurance, Copay, Cost Sharing

Cost Containment -- Techniques used to control or reduce healthcare costs; methods include elimination of inefficiencies or a reduction in the consumption of services

Cost Contract[47] -- A type of cost reimbursement contract in which the contractor receives no fee; may be appropriate for research and development work, especially with nonprofit educational institutions or other not-for-profit organizations and facilities contracts

Cost Evaluation Team[48] -- Contract specialists and analysts who evaluate proposals for cost reasonableness and realism

Cost-Plus-Award-Fee Contracts[49] -- A cost reimbursement contract that provides for a fee consisting of a base amount fixed from the beginning of the contract and a potential award amount based on a judgmental evaluation by the government that should be sufficient to provide motivation for excellence in performance (contractor can earn part or all of the award)

Cost-Plus-Fixed-Fee Contract[50] -- A cost reimbursement contract that provides for the payment of a fixed fee to the contractor that fee being negotiated at the beginning of the contract; the fee does not vary but may be adjusted depending upon changes in the work to be performed under the contract

Cost-Plus-Incentive-Fee Contracts[51] -- A cost reimbursement contract that provides for the initially negotiated fee to be adjusted later; this contract type specifies a target cost, target fee, minimum and maximum fees, and a fee adjustment formula

Cost Reimbursement Contract[52] -- Provides for payment of allowable incurred costs to the extent prescribed in the contract; this type of contract establishes an estimate of total cost so that funds can be obligated and establishes a ceiling that the contractor may not exceed without contracting officer approval

Cost Sharing -- A method of reimbursement for healthcare coverage in which the member must pay a portion of the claim/bill as a strategy to decrease utilization; cost share is paid by the member in addition to payment of any annual deductible; in government contracting, viz. a viz. healthcare, cost sharing refers to the contractor bearing some of the burden of reasonable, allocable, and allowable contract costs

Cost Sharing Contract[53] -- A cost reimbursement contract where the contractor is reimbursed only for an agreed upon portion of its allowable costs, otherwise, the contractor receives no fee

Cost Shifting -- A practice of increasing premiums to one group to offset the losses from a different group; charging one group more to compensate for the loss resulting from under-payment by another group

Coverage -- *See* Covered Services

Covered Benefit -- A medically necessary service delineated as reimbursable within the limits of a health plan; covered benefits must be medically necessary but not all medically necessary procedures are covered benefits

Covered Life/Lives -- A person covered by a provider or medical plan; the number of enrollees covered by a provider or medical plan

Covered Services -- Healthcare services and supplies provided within a health plan; Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) covered services are delineated in the Department of Defense (DoD) Regulation 6010.8-R and DoD Regulation 6010.47 M

CPT-4/Current Procedural Terminology, 4th Edition -- 5 digit codes associated with medical procedures and services; used to standardize claims processing, billing, and to allow for data analysis; called coding

Credentialing -- A review process to determine if a provider meets standards of knowledge and clinical skill prior to the granting of clinical privileges; conducted through the review and verification of documentation including licensure, specialty and postgraduate training, certification, and clinical practice history/experience (competence and judgment)

Critical Care -- Medical care provided to the critically ill during a medical crisis; care usually delivered in an intensive care unit

Critical Pathways -- A case management tool which maps processes, tasks, and resource consumption/ requirements needed to attain a predetermined clinical outcome within a predetermined time frame while simultaneously using best practices and practice guidelines; *see* Best Practices

Custodial Care -- Care not directed toward a cure or restoration of previous level of functioning, often required life-long; consists of medical and non-medical services meant to maintain health but does not include skilled nursing services; assistance is primarily directed toward the basic activities of daily living such as bathing, eating and dressing; is not usually covered by most managed care plans or the MHS

Customary Charge -- The standard or usual amount a physician charges patients for services

Customers -- Persons who use services of an organization and provide compensation following receipt of such services

Cycle Time -- The amount of time it takes for a process to be complete; claims/billing process; from collection to results for laboratory tests

Damages[54] -- A court ordered financial award to compensate for a loss

Data Base Management System (DBMS) -- A system which separates the data file from other computer applications which maybe used to process the data; type of software that supports the rapid retrieval and/or analysis of medical data; organizes, maintains, retrieves and catalogs information in a database

Data Collection Period (DCP) -- The year immediately preceding the start of healthcare delivery under a managed care contract in which bid price adjustment data is collected and analyzed to determine the revised bid price of the contract

Date of Service -- The actual date on which healthcare services were provided to the covered member

Day Outlier -- A person with an unusually long length of stay (inpatient) for a particular diagnosis related group (DRG)

Days (or Visits) per Thousand -- An annual measure of utilization; the number of hospital days each year per thousand members covered; to calculate, multiply (# days/ member months) by (100 members) by (# months); *see* Bed Days

Death Spiral[55] -- An insurance industry term; a viscous spiral of high premiums and adverse selection resulting in financial losses for an insurer; when one plan, usually traditional indemnity plan, in competition with a managed care organization (MCO), ends up with a majority of members having intensive healthcare needs resulting in high medical costs that exceed premium revenue

Debarment[56] -- To exclude a contractor from government contracting or subcontracting for a specified period of time

Decision Support System -- Healthcare information systems and information technology which allow for more complex and refined data analysis of, e.g., case mix, cost accounting, clinical protocols, and outcome studies

Deductible -- The amount a covered member must pay each year out of pocket before any health insurance coverage including the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), applies

Defense Contractor[57] -- Any person who enters into or establishes a contract with the federal government for the production of goods or services for the nation's defense

Defense Enrollment Eligibility Reporting System (DEERS) -- A worldwide Department of Defense (DoD) computer-based enrollment system used to verify eligibility for military beneficiaries for healthcare services and benefits in the military health system or under TRICARE

Defense Medical Information System Identification (DMIS ID) -- An identification code used within the Expense Assignment System (EAS) which defines which divisions, each with its own unique code, roll workload together for reporting purposes

Defense Medical Regulating Information System (DMRIS) -- An Air Force automated information system that tracks medical patients in the Aeromedical Evacuation system

Defense Subcontractor[58] -- Any person who contracts to perform any part of a defense contractor's contract

Defensive Medicine -- Ordering unnecessary tests to document and support a clinical diagnosis in an attempt to avoid potential litigation; considered to be a major contributor to the increase in healthcare costs

Deferred Compensation[59] -- An award or compensation made by an employer to an employee for the performance services rendered in one or more periods prior to receipt of compensation

Deficiency[60] -- A mistake, error, or omission in a contract proposal rendering the proposal non-compliant; any non-compliance with terms and/or conditions of a contract

Definite Quantity Contract[61] -- A contract that provides for delivery of a definite quantity of specific supplies or services for a fixed period, with deliveries to be scheduled at designated locations upon order

Delivery Order[62] -- An order for supplies or services placed against an established contract or with government sources

Demand Management/Referral Management -- Programs and efforts instituted by a health plan to reduce the overall utilization of services by its members; e.g., advice nurses, self-care books and classes, preventive services, and health risk appraisals

Denial (Certification)[63] -- A determination, e.g., certification, by a second level reviewer, that the healthcare requested or already provided is not medically necessary or reasonable, or is not the appropriate level of care; beneficiaries in the TRICARE system can appeal this decision to a third level review

Denial of Authorization[64] -- A determination that healthcare requested, or already provided, will not be reimbursed by the Department of Defense (DoD)

Denial and Reconsideration -- A denial by HCFA on an application for qualification that is subsequently returned to the applicant with shortcomings of the application identified and procedures for reconsideration; the applicant may apply for reconsideration of its original application if the application is refiled within 60 days of the denial and the application addresses all issues described in the denial

Department of Defense Federal Acquisition Regulation Supplement (DFARS) -- A Department of Defense (DoD) supplement intended to facilitate the implementation of the Federal Acquisition Regulation (FAR)

Dependent -- An enrolled health plan member eligible by contract to receive healthcare based on the sponsor's coverage

Diagnosis Related Groups (DRGs) -- A widely accepted inpatient classification system used to categorize patient illnesses and treatments; utilized to pay providers/facilities for their services by paying a flat rate regardless of the actual cost of care; basis of the payment system utilized by Medicare and TRICARE; intended to lower healthcare costs for families and the government

Direct Care (Direct Care System (DCS)) -- Healthcare services provided in a military treatment facility (MTF); also called in-house care

Direct Contract Model[65] -- A managed care organization that contracts directly with community physicians in private practice without using an intermediary; e.g., Independent Physician Association (IPA); common with open panel Health Maintenance Organizations (HMOs)

Direct Contracting[66] -- A relationship between payer and provider in which provider(s) contract directly with an employer to provide healthcare services to enrolled members eliminating any middlemen, e.g., third party insurance carriers, thus potentially resulting in higher reimbursements for the provider but in lower costs overall; however, the provider(s) is at full risk and this is usually reflected in the price schedule; cost containment strategy

Direct Costs -- The costs of resources directly related to a service or a specified final cost objective

Direct Payment Subscriber -- A health plan member who makes payments for coverage directly and individually to the plan and not with a group

Dirty Claim -- A medical claim which contains errors that prevent its complete/final processing

Disability[67] -- The mental or physical impairment of an insured person limiting his/her ability to perform occupational duties; can be temporary, long term, or permanent

Disallowance -- When a payer refuses to pay part or all of a submitted claim

Discharge/Performance[68] -- A contractual defense in which the defendant states his/her obligation has been met through complete and adequate performance

Discharge Planning -- Utilization management technique; a multidisciplinary process where a patient's anticipated medical and support service post-hospitalization needs are identified, coordinated, and planned while the patient is hospitalized; facilitates early discharge; required by the Joint Commission for accreditation and by Medicare for reimbursement

Discharge Summary -- A summary of a patient's admission/ hospitalization written by the physician at the time of discharge

Discounted Fee-For-Service -- A reimbursement arrangement where a physician agrees to a fee-for-service schedule but with a percentage discount from his/her usual and customary fees; method for a provider to increase workload volume or prevent the loss of patients from his/her panel

Discussion[69] -- Any communication, whether oral or written, that takes place between the government and offeror and involves any information essential for determining the acceptability of a proposal and/or provides the offeror an opportunity to revise a proposal

Discussions[70] -- An individual dialogue with each offeror in the competitive range and the contracting officer where the deficiencies and weaknesses of the offerors' proposals are identified and discussed; may occur telephonically, in person, or in writing

Disease Management -- A program that focuses on the intensive management of a specific disease including diagnosis, management, and prevention; includes care that occurs either as an inpatient or as an outpatient

Disenrollment -- Termination of healthcare coverage, usually voluntary

Dispense as Written (DAW) -- A written order by a physician to a pharmacist to dispense a medication as written and not to substitute a generic product

Drug Formulary[71] -- Drugs selected by a health plan for use in treating patients; drugs not listed are not used or ordered unless by exception and usually at some cost to the patient

Drug Use Evaluation (DUE) -- Pharmacy review program that is similar to the drug utilization review, but with an evaluation that is qualitative in nature

Drug Utilization Review (DUR) -- A review program conducted by health plans and hospitals to quantitatively evaluate drug utilization; program's goal is cost containment (dispensing and usage patterns)

Dual Choice -- An option to employees (group) to select healthcare coverage from one of two or more prepaid health plans; e.g., one Health Maintenance Organization (HMO) and one indemnity plan

Dual Eligible -- A person who is simultaneously eligible for Medicare and Medicaid benefits with Medicare (primary insurer) usually paying first for all inpatient stays and Medicare assuming payment for the co-pay portion of the claim

Dual Option -- Authorized by the Health Maintenance Organization (HMO) Act; a provision requiring employers (with >25 employees) to provide their employees with a choice between two or more types of healthcare coverage (HMO vs. Fee For Service (FFS)/traditional indemnity plans)

Duplicate Claims -- When one claim is submitted more than once, usually a result of slow reimbursement

Duplicate Coverage Inquiry (DCI) -- A method used by insurance agencies to inquire about dual coverage of medical benefits of a member; evaluation conducted to determine if there is overlapping coverage on a plan member; eliminates unnecessary payments; *see* Coordination of Benefits

Duplication of Benefits -- When a person is covered by two or more health insurance plans with similar benefits

Durable Medical Equipment (DME) -- Rented or owned medical equipment utilized in the home setting to facilitate out-patient care; equipment which is non-disposable and reusable

Durable Power of Attorney -- A type of advance medical directive; a creature of statute; a document that enables a competent adult to retain control over his/her own medical care during periods of incapacity through prior designation of an individual to make health care decisions on his/her behalf

E Codes -- A type of International Classification of Diseases-9th Edition (ICD-9) code used for (1) the coding of injury due to external causes, not disease, and (2) the coding for adverse drug or medication reactions

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) -- A program for those under the age of 21 that provides screening and diagnostics for physical and mental deficits, as well as healthcare to treat or prevent any chronic conditions related to the deficit(s)

Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA) -- A method used to value a nonprofit hospital's earnings before these factors are considered; associated with mergers and acquisition deals

Economic Credentialing -- The use of economic or financial criteria to determine a physician's qualifications for membership on the medical staff or for hospital privileges; criteria utilized are associated with quality of care or professional competency; a very controversial method of controlling provider behavior and practice patterns

Economies of Scale -- Efficiencies and financial savings that result as production increases over time (mass production); a decrease in per unit cost as production increases

Economic Price Adjustment (EPA) -- *See* Annual Adjustment

Effective Date -- The date a contract becomes effective and enforceable; the date a health plan becomes at risk for a member's care; *see* Eligibility Date

Electronic Claim -- The submission of a healthcare claim by a provider to a payer using telecommunications; *see* Electronic Data Interchange (EDI)

Electronic Data Interchange (EDI) -- The transmission of information electronically using highly standardized electronic versions of common business documents; common method used to process healthcare claims and referral authorizations

Electronic Medical Record -- An automated, individual medical record which is accessible by all providers associated with a patient's care in a healthcare system; an online patient information system which archives health data, allowing for both storage and retrieval

Eligibility -- The first day a beneficiary is eligible for healthcare coverage according to his/her health plan contract; *see* Effective Date

Eligible Employee -- An employee who meets eligibility requirements delineated in a health plan contract

Eligible Expenses -- Charges covered by a health plan; usual, customary and reasonable charges; do not include copayments; *see* Covered Services

Eligible Hospital Services -- Medically necessary healthcare services as ordered by a physician and provided during an over night hospital stay

Emergency -- Sudden and unexpected illness or injury requiring immediate healthcare services to save life, limb, or eyesight and to prevent undue pain or suffering

Empanelment -- Assigning patients or enrolled members to a specific primary healthcare provider, e.g., an individual or a provider team/group or clinic, for management of routine healthcare needs

Employee Assistance Program (EAP) -- Services offered to employees to assist with resolution of personal and workplace problems which may include law, finance, substance use/abuse, and/or child care issues; assistance program(s) may offer behavioral health programs

Employee Contribution -- Contractually, the portion of a health plan premium that the employee is responsible to pay

Employee Retirement Income Security Act of 1974 (ERISA) -- Legislation intended to ensure that employee benefit plans, (e.g., pension plans), were established and maintained in a fiscally sound manner; program had an unanticipated effect on healthcare, pre-empting many state laws in favor of federal; laws do not pertain to insurance plans offered by governmental or religious entities

Employer Contribution -- The portion of a health plan premium paid by the employer

Employer Group Health Plan[72] -- An employment-originated, private health plan covering Medicare eligibles over the age of 65 and for which Medicare serves as the secondary payer

Employer Mandate -- Any requirement placed by an outside entity, typically governmental, on an employer, e.g., the requirement for an employer to offer a dual choice option for healthcare to their employees

Encounter/Encounter Form -- An ambulatory medical appointment or healthcare visit warranting payment for provider services; a record (form) of a health visit utilized to track utilization rates

Encounter Per Member Per Year -- The total number of encounters per member per year

Encounter Record -- Patient information resulting from an encounter; a claim for healthcare services rendered

End Stage Renal Disease (ESRD) -- Patients diagnosed with ESRD are not eligible to enroll in a Health Maintenance Organization (HMO) or Competitive Medical Plan (CMP) unless they were enrolled with an HMO at the time they were diagnosed; patients with ESRD are eligible for Medicare

Enrollee -- A person eligible for services under a healthcare plan; a person enrolled in a health plan and this includes their covered family dependents; also called Members; *see* Beneficiary

Enrollee Health Status Measures -- Measures or indicators of a health plan's ability to maintain the health of its enrolled population

Enrollment -- The process of signing up or applying for coverage with a health plan; the total number of covered persons in a plan; process of signing up for TRICARE Prime; enrollment for most health plans lasts for one year

Enrollment Fee -- The amount a member must pay annually to belong to a specific health plan

Enrollment Lock-in Period -- The minimum amount of time an enrolled member of a health plan must remain enrolled before he/she is authorized to disenroll; duration of the lock-in is plan specific

Enrollment Period -- The number of days health plan members have to select a health plan, either to re-enroll with the current plan or to switch plans; *see* Open Enrollment Period

Episode/Episode of Care -- All healthcare services surrounding a single healthcare visit or event; within the Composite Health Care System (CHCS) system, an episode pertains to inpatient visit only

Equity -- An accounting term which represents the results of assets minus liabilities; an entity's retained earnings (owner's equity)

Equity Model -- For profit, vertically integrated healthcare system where the providers are owners

Estimated Length of Stay (ELOS) -- Anticipated duration of hospitalization; *see* Length of Stay (LOS)

Evidence of Coverage (EOC) -- Literature provided by a health plan summarizing benefits the member is entitled to under the insurance plan; *see* Explanation Of Benefits (EOB) or Certificate Of Coverage (COC)

Evidence of Insurability (EOI) -- Evidence, statements, or medical records, which show a potential member is eligible for coverage under a health plan (e.g., no evidence of a pre-existing condition); required for those who do not enroll during open season

Exceptional Family Member Program[73] -- A program which assesses the special needs, including medical needs, of family members of an active duty member; the assessment results are considered when planning future assignments for the service member; e.g., many need assignments near medical centers

Exclusion -- Actively preventing an entity from joining a network for the purpose of eliminating poor healthcare; a practice which may be applied by an insurer to a hospital, Preferred Provider Organization (PPO), Physician-Hospital Organization (PHO) or to individual providers

Exclusion Coverage -- Benefit coverage, coordinated between Medicare and an employer, in which Medicare serves as first payer for claims and the employer's health plan is responsible for the remaining balance

Exclusions -- Healthcare conditions not covered under a health plan or specified as covered in the contract; conditions for which the plan will not provide payment; *see* Carve Outs or Outlier

Exclusive Multiple Option (EMO) -- An arrangement where one managed care organization or insurer designs and offers multiple comprehensive coverage options in exchange for exclusive vendor rights for the coverage of all eligible members; options usually include an indemnity option, health maintenance organization, preferred provider organization, or point of service plan

Exclusive Provider Arrangements (EPA) -- Health plans that provide benefits, excluding emergency care, only if the healthcare is rendered by contracted providers or facilities

Exclusive Provider Organization (EPO) -- A healthcare plan, regulated under state law, that limits coverage to services provided by network/contracted providers; patients may utilize non-network providers but out-of-network care will result in payments by the patient, although typically there are exceptions for emergency care and out-of-area care; similar to an health maintenance organization including primary care managers as gatekeepers, program capitates physicians, requires authorization for referrals, and has a limited provider panel; term derives from PPO with the difference being that preferred provider organizations allow for out of network care and exclusive provider organizations do not, hence the exclusive nature of the plan

Exclusivity/Exclusivity Clause -- Contractual language which prohibits providers or healthcare facilities from contracting with any other health plans; purposeful limitation of network development to facilitate patient volume for providers or health facilities; common in staff models but less common in other health plan arrangements/contracts

Executive Information System (EIS) -- An information system used in the Navy; historical data is used to compare like sized hospitals and to evaluate staffing, workload, and financial data

Expense Assignment System (EAS) -- The computer system used to process Medical Expense and Performance Reporting System data (MEPRS data)

Expected Claims -- An educated guess projecting annual healthcare costs for an enrollee; based on actuarial projections; *see* Experienced Rating

Experience Rated Premium -- A premium based on the anticipated utilization by an enrolled group with use calculated according to age, sex, and other attributes

Experience Rating -- A method for determining future premiums using historical healthcare costs of an enrolled group; *see* Community Rating

Experimental Treatment Legislation -- Current legislation which attempts to bridge the gap between a patient's need for experimental therapy with a reasonable chance of success and the managed care organization's (MCO) need to eliminate expensive, not medically beneficial treatments

Experimental/Investigational Procedures -- Unproven medical procedures specifically excluded from health plan coverage due to the lack of evidence that the treatments or therapies are effective in treating the condition

Explanation of Benefits (EOB)/TEOB: TRICARE Explanation Of Benefits (new term)/CEOB: CHAMPUS Explanation Of Benefits (old term) -- A statement sent to an enrolled member of a health plan explaining covered services and charges; a document sent to a member which delineates what services were and were not covered and why

Extended Care Facility (ECF) -- A facility licensed to offer skilled nursing and/or rehabilitation services 24 hours a day

Extension of Benefits -- Contractual provision allowing for continuation of healthcare coverage after termination of employment; *see* Continuation Of Benefits (COB)

External Resource Sharing -- An agreement with the managed care support contractor and civilian network facilities to provide covered healthcare benefits to eligible military health system (MHS) beneficiaries in the civilian network facility but with MHS providers

Extra-Contractual Benefits -- Healthcare benefits provided, although not within the terms of the policy, and are beyond that usually covered by a regular policy; e.g., a health plan may not cover medical equipment used in the home but may decide that doing so in a particular instance is more cost-effective than extended or repetitive hospital admissions

Face Sheet -- A summary of the patient's hospitalization prepared at the time of discharge; *see* Discharge Summary

Facility Quality Assurance (FQA) -- A component of the clinical subsystem within Composite Health Care System (CHCS) geared toward quality assurance for the entire facility including healthcare services and licensing/accrediting issues

Factored Rating -- *See* Adjusted Community Rating

Faculty Practice Plan (FPP) -- A physician group practice which is designed around a teaching program

Fair Market Price[74] -- A priced based on reasonable costs under normal competitive conditions and not on the lowest possible cost

Fair and Reasonable Price -- A price which is fair to both parties and encompasses established and agreed upon conditions, quality, and contract performance standards

Favorable Selection -- Enrollment of a higher than average number of persons whose average utilization of healthcare services falls below the anticipated average for that population; enrollment of a high number of low-risk members resulting in lower than average healthcare expenditures; *see* Adverse Selection, Portability, and Risk Adjustment

Favored Nations Discount -- A contractual agreement whereby a provider agrees to give a payer the best discount it provides to any other payer

Federal Acquisition Regulation (FAR) -- The body of regulations that govern the federal government's acquisition of services, including the procurement of healthcare delivery services

Federal Employee Health Benefit Acquisition Regulation (FEHBARS) -- The regulations which govern the acquisition of health benefits programs for federal employees

Federal Employee Health Benefits Program (FEHBP) -- The health program which provides healthcare insurance benefits for federal employees

Federal Qualification -- Status applicable to health maintenance organizations (HMOs) and competitive medical plan (CMPs) and defined by the HMO Act; a determination by Health Care Financing Administration (HCFA) which means an organization meets federal standards regarding operations and organization and is adequately prepared to participate in Medicare risk contracts; federal designation offers a HMO or CMP an expedited method to enter the Medicare and Federal Employee Health Benefits Program (FEHBP) markets; comprised of extensive reviews and evaluations but is voluntary

Federal Register -- A government publication that lists all the changes to federal regulations and standards including those affecting Medicare, diagnosis related groups (DRGs), and International Classification of Diseases-9th Edition-Clinical Modification (ICD-9-CM) coding

Federal Tort Claims Act[75] -- Federal law which partially abrogated the doctrine of sovereign immunity by allowing tort actions against the government under certain situations; provides limited immunity to agents and employees of the government for their negligent in-scope tortuous acts

Federal Trade Commission Act (FTC Act) -- Serves to review mergers and acquisitions of health maintenance organizations (HMOs), healthcare facilities, medical groups, and networks to ensure there are no violations of Anti-Trust Laws

Federally Qualified Health Maintenance Organization (FQHMO) -- A designation given by the Health Care Financing Administration (HCFA) to HMOs that meets all of the requirements of federal qualification

Fee Allowance Schedule -- *See* Fee Schedule

Fee Disclosure -- Discussion between providers and patients of all fees and charges prior to treatment

Fee For Service (FFS) -- The traditional method of payment for healthcare where full payment is made for each specific healthcare service rendered; payment can be by the patient or the health plan; this payment method is in contrast to DRGs, capitation, or discounted rates; cost-containment is an issue associated with this method of reimbursement

Fee Maximum -- The most a primary care provider can be reimbursed for healthcare services rendered as contractually established with a health plan; usually tied to usual, customary, and reasonable fee schedules; *see* Reasonable and Customary Charge

Fee Schedule -- A comprehensive document listing all accepted fees and the maximum amount a health plan will pay for services based upon Current Procedural Terminology (CPT) billing codes; *see* Fee Maximums; also called Fee Allowance Schedule

Fee Splitting -- A practice of physicians providing each other financial compensation for referrals; fee splitting is not practiced in managed care where the primary care manager is at risk or sharing risk with the specialist; an unethical practice

Feres Doctrine -- Term used to describe the ruling in the *Feres v. U.S.* in which the Court ruled that a service member may not recover under the Federal Tort Claims Act (FTCA) for injuries sustained or suffered while incident to service

Fiduciary -- Founded upon trust or confidence; a legal term referring to a relationship whereby a person has the responsibility to act on behalf of another's best interests; traditionally applied to physicians, but now is in question in the managed care environment because of the incentives offered to physicians by managed care organizations (MCOs), healthcare facilities, and pharmaceutical companies

Firm Fixed Price Contract[76] (FFP) -- A fixed price contract in which the price is not subject to adjustment based on the cost experience of the contractor while performing the contract; a contract in which the government pays a fixed price in total, regardless of what it actually costs the contractor

Firm Fixed Price, Level of Effort Term Contract[77](FFP, LOE) -- A contract which requires the contractor to perform at a specific level of effort over a specified period of time for a fixed price

Final Proposal Revision (FPR) -- A change made to a proposal after communications between the contracting officer and offerors have concluded

First Dollar Coverage -- An insurance plan where coverage begins with the first dollar of expense incurred by a member for a covered benefit; no deductibles are paid prior to coverage commencing

First In, First Out[78] (FIFO) -- An inventory method that allocates cost based on the assumption that the cost of first goods purchased is the cost of the first goods sold

First Level Review -- A prospective screening process using nationally approved criteria to evaluate the medical necessity and appropriateness of requested healthcare services; reviewers can approve care/authorize benefits but cannot deny care, all denials must be referred for second level review

Fiscal Intermediary (FI) -- An agent or enterprise which contracts with healthcare providers to provide administrative services, including the processing of claims for reimbursement; also called a third party administrator; a business entity under contract with the Department of Defense to offer TRICARE Extra to military health system (MHS) beneficiaries; responsible for administration of the provider network, marketing, and education for TRICARE Support Programs; establishes a list (formulary) of medications physicians can prescribe unless there is a valid reason to use non-formulary medications

Fiscal Year -- A 12 month accounting period used by the federal government commencing 1 October and going through 30 September; usual period for which annual financial statements are prepared for a period of 52 weeks/12 months; called the natural business year

Fixed Costs -- Costs, which do not fluctuate, based on utilization rates during a given period

Fixed Price Contract[79] **(FP)** -- Provides for a price which is not subject to adjustment based on the contractor's cost experience in performance of the contract; contractor has maximum risk and full responsibility for all costs and resulting loss or profit; a type of contract which provides for a fixed price and, unless otherwise stated in the contract, only provides for adjustments by operation of contract clauses under stated circumstance

Fixed-Price Contracts with Award Fees[80] -- Used in fixed-price contracts when the government wishes to motivate a contractor and other incentives cannot be used because contractor performance cannot be measured objectively

Fixed Price Contract with Economic Price Adjustment[81] -- A fixed price contract which allows for upward and/or downward revision of the stated contract price based on the occurrence of specified contingencies:

- adjustments based on established prices -- based on increases/decreases from an agreed upon level in published prices of specific items
- adjustments based on the actual cost of labor or material -- based on changes (increases/decreases) in labor costs that the contractor actually experiences during performance
- adjustments based on cost indexes of labor material --based on increases/ decreases in labor or material cost standards that are specifically identified in the contract utilized when the stability of the market or labor conditions for the period of the contract are in serious doubt

Fixed Price Incentive Contracts[82] -- A fixed price contract that provides for adjusting profit and establishing the final contract price subject to a predetermined ceiling, by use of a formula based on the relationship of final negotiated cost to total target cost

Flat Fee per Case -- A payment method where a flat fee is paid for all care rendered in the treatment of the patient's presenting problem and all services required for a specified period of time (usually by diagnosis)

Flat-Rate Pricing Models -- There are currently three type of flat-fee pricing models in use by hospitals, capitation (fixed annual fee per member), case rate (flat fee per admission), and per diem (flat fee per hospitalized day)

Flexible Benefit Plan -- A program whereby employees individually select the benefit options (e.g., healthcare coverage, childcare, and insurance) they desire, up to a pre-determined value as set by the employer; *see* Cafeteria Plan

Formulary -- A list of prescription medications/drugs a physician can order as determined and approved by the health plan or hospital; medications not listed on the formulary maybe purchased but, in most cases, at some cost to the patient; use of a formulary is based on both drug effectiveness and cost; method of pharmaceutical cost-containment

For-Profit Hospitals -- Corporations that disperse dividends or distribute profits to investors

Foundation for Accountability (Facct) -- A collaboration of healthcare purchasers, both public and private, working together to develop outcome measures to provide for the comparison of the quality of care delivered in managed care settings versus that delivered in traditional fee for service environments with the goal of providing information on healthcare quality to consumers and purchasers

Fraud and Abuse Legislation -- Revisions to the Social Security Act which made conviction for kickback schemes felony offenses and added civil penalties for the filing of false claims for Medicare/ Medicaid

Freedom of Information Act (FOIA) -- A federal law, intended, consistent with national security, to make government held information available to the public; 10 USC 552

Full and Open Competition -- Contract action which allows all responsible sources to compete

Full Risk Capitation -- A physician group that receives capitated funds for all services and professional expenses and is responsible for paying other providers for services rendered to its patients; global capitation

Full-Time Equivalent -- The equivalent of one full-time employee

Fully Capitated -- *See* Global Capitation

Fully Funded Plan -- A health plan under which an insurer or managed care organization (MCO) bears the financial responsibility of guaranteeing claim payments and paying for all incurred covered benefits and administrative costs

Gag Clause – A provision of a managed care contract between insurers and network providers which can limit the amount of information, as well as the substance of the information a physician/provider may communicate to a patient (usually about non-covered services)

Gatekeeper/Gatekeeping -- A widely used term which refers to a managed care model based on primary care case management; the model requires all medically necessary healthcare other than primary care be coordinated, reviewed, and approved by the primary care provider prior to healthcare delivery to guarantee reimbursement (includes referrals for specialty care, Durable Medical Equipment (DME), ancillary services and hospitalization); industry term describing any person who determines where a patient will receive care or services (case manager, utilization review personnel); commonplace cost-containment practice of Health Maintenance Organizations (HMOs) that does not include emergency care

General Service Board of Contract Appeals[83] (GSBCA) -- The executive branch entity responsible for deciding appeals of contracting officers' decisions with regards to acquisition contracts for supplies and services by the government, other than the Department of Defense (DoD)

Generalist -- A physician who is not specialty trained; a family practice physician, general internist or general pediatrician

Generic Drug -- A medication that has the same active chemical ingredients as a brand name, trademark protected, pharmaceutical product, and which, in most circumstances, is less expensive; *see* Generic Equivalent

Generic Equivalent -- *See* Generic Drug

Geographically Separated Unit(s)[84](GSU) -- A service designation which applies to an active duty service member (ADSM) when:

- the ADSM resides greater than 50 miles from a military treatment facility (MTF) or military clinic determined to be adequate to meet the primary healthcare needs of the ADSM; and
- the ADSM works greater than 50 miles from an MTF or military clinic determined to be adequate to meet the primary healthcare needs of the ADSM

Geographically Separated Unit (GSU) Program -- Originally a demonstration project conducted in TRICARE Region Eleven, the GSU program is a healthcare initiative included in the Managed Care Support Contract (MCSC) in TRICARE Regions One, Two, and Five which requires Managed Care Support (MCS) contractors to contract with primary care managers for primary healthcare services for Active Duty Service Members (ADSMs) and their eligible family members assigned to GSUs throughout the regions; commenced 1 January 1999 for Region One and was implemented in Region Two/Five on 1 May 1998

Global Budget[85] -- A government technique of setting a total expenditure ceiling for the nation's healthcare expenses as opposed to regulating the price of individual elements

Global Capitation -- Capitation payments that cover all expenses, including medical, professional, and institutional fees; *see* Total Capitation or Full Capitation

Global Fee -- One total charge for a predetermined set of healthcare services; (e.g., obstetrical care including prenatal, delivery and post-delivery care) may include carve-outs for services not included in the global rate; package pricing

Government Furnished Property[86] **(GFP)** -- Property in the possession of, or acquired by, the Government and provided to or made available to the contractor

Grace Period -- A period of time immediately after a premium due date during which coverage may not be canceled

Graduate Medical Education[87] **(GME)** -- Residency and fellowship training for medical professionals

Grievance System/Procedures -- A standard contract requirement for a process to air and handle patient complaints

Group -- Members covered by a single health plan

Group Contract[88] -- A managed care contract with a medical group as opposed to individual physicians; *see* Group Service Agreement (GSA)

Group Health Association of America -- A managed care trade association that merged with American Managed Care and Review Association (AMCRA) in 1995 to create the American Association of Health Plans (AAHP); *see* AAHP

Group Model Health Maintenance Organization (HMO)/Group Practice HMO -- A closed panel health plan in which the HMO contracts directly with a physician group for healthcare services at a negotiated fixed/capitated price; staff model HMO

Group Practice -- A group of at least three physicians who see patients and deliver healthcare services sharing facilities, equipment and support personnel, and subsequently divide the income as contractually prearranged; *see* Independent Physician Association (IPA), Management Service Organization (MSO)

Group Practice Without Walls -- A physician group practice in which each provider continues to see his/her patients but the group is one legal entity; a business arrangement with centralized business operations but with decentralized clinical settings; also called a Clinic Without Walls (CWW)

Group Service Agreement[89] -- An agreement, between a group and a health plan, that limits enrollees to the specified group and delineates the terms and benefits of coverage under the plan

Guaranteed Issue[90] -- A requirement that health plans offer coverage to all businesses for at least some period each year regardless of the pre-existing conditions of a business' members

Guaranteed Renewal Contract -- A contract that allows a Health Maintenance Organization (HMO) enrollee to continue coverage as long as premiums are paid, although the HMO reserves the right to increase premium rates

Guideline -- *See* Protocol

HCFA 1500 -- The Health Care Financing Administration's (HCFA) form used by healthcare professionals to submit claims for services

Health[91] -- The state of complete physical, mental, and social well-being and not just the absence of illness or disease, or defect

Health and Human Services (HHS)/Department of Health and Human Services (DHHS) -- A government department responsible for health-related programs and initiatives

Health Benefit Advisor (HBA) -- The title of a staff member of a military treatment facility, either active duty or a civilian employee, who assists a beneficiary understand his/her health benefits including the processing of claims for reimbursement; Department of Defense (DoD) TRICARE program term

Health Benefits Package[92] -- The services and products a health plan offers

Health Care Financing Administration (HCFA) -- The federal agency within the Department of Health and Human Services that oversees the health financing for state run Medicaid programs and oversees and administers the Medicare program

Health Care Financing Administration Common Procedural Coding System (HCPCS) -- 5-digit codes used by Medicare to describe the services provided; codes include standard Current Procedural Terminology (CPT) codes and others for items and services such as durable medical equipment and ambulance service

Healthcare Finder (HCF) -- The title for an employee or independent contractor working with the military health system (MHS) who assists patients in obtaining referral care either in the direct care system or in the contractor network; Department of Defense (DoD) TRICARE program term

Healthcare Prepayment Plan[93] **(HCPP)** -- A contractual arrangement between Health Care Financing Administration (HCFA) and a group practice for the provision of health services but does not cover Medicare Part A (institutional service)

Healthcare Provider (HCP) -- The member of the healthcare team who actually delivers healthcare services to the patient; a physician, nurse practitioner, physician assistant, dentist, physical therapist, or, clinical dietitian; one who is authorized to enter patient orders into the Composite Health Care System (CHCS)

Health Delivery Network -- *See* Integrated Delivery System (IDS)

Health Insurance Prepayment Plan (HIPP) -- Purchasing cooperative that negotiates health insurance arrangements for employers and/or employees

Health Insurance Portability and Accountability Act (HIPAA) of 1997 -- Provides for the portability of health insurance even if the member has a pre-existing health condition(s) and guarantees access to healthcare coverage for small business with less than 50 employees

Health Maintenance Organization (HMO) -- A form of managed healthcare in which a health plan combines financing with delivery of care into a single organization by contracting with physicians to offer prepaid comprehensive health services including physician and hospitalization services using a variety of mechanisms and programs to control costs and quality; HMOs are both insurers and providers of healthcare; 4 types include staff model, independent physician associations (IPA), group model and network model

Health Maintenance Organization (HMO) Act of 1973 -- Federal legislation which requires employers with more than 25 employees and who provide health coverage to offer a federally qualified HMO option to their employees; federal law which defined and delineated the specific requirements for HMOs to become "federally qualified"

Health Manpower Shortage Area (HMSA) -- A geographic area or population designated by the Department of Health and Human Services as medically under-served or as having an inadequate supply of healthcare providers; e.g., institutions (residential treatment and correctional facilities) or geographically isolated areas

Health Plan Employer Data Information Set (HEDIS) -- Performance measures designed by the National Committee on Quality Assurance (NCQA) to standardize the method health plans report data to allow employers and consumers the ability to compare the performance of health plans; areas of performance evaluation include financial, quality, access, patient satisfaction, and utilization

Health Promotion -- A health program designed to treat/impact the physical, emotional, psychological, and spiritual aspects of a person's life by incorporating educational, awareness, and motivational interventions and activities to assist the beneficiary in modifying lifestyle/behaviors, with a goal of optimizing health, while preventing injury and disease

Health Risk Assessment -- A wellness program designed to evaluate the health status of a particular population; an evaluation conducted as a part of an employer's health promotion program to assess individual employees for health risks and include recommendations for risk reduction

Health Services Agreement[94] **(HSA)** -- A written explanation of health plan benefits provided to an employer by the health plan

Health Status and Enrollment -- According to the Health Care Financing Administration (HCFA) regulatory guidelines, a Health Maintenance Organization (HMO) can not expel, refuse to enroll or reenroll an individual member of a group based on health status, age or healthcare needs

Health Maintenance Organization (HMO) Market Penetration -- The rate at which eligible enrollees select the managed care option for health coverage; *see* Penetration Rate

Hold Harmless Clause – relieves, or attempts to relieve a person or entity of potential liability; e.g., contractual language which prohibits a provider from billing a patient should the insurance carrier become insolvent

Home Care -- The delivery of healthcare services by professional and/or licensed medical personnel in the home setting; a economically prudent location to deliver routine/ rehabilitative/terminal healthcare services

Home Health Agency (HHA) -- A state or federally licensed facility authorized to provide contracted health services in the home setting

Home Uterine Activity Monitoring -- A cost-effective treatment modality for the patient diagnosed with preterm labor or at risk for preterm delivery; the use of uterine monitoring equipment in the home setting for the identification and management of preterm labor (contractions) for the pregnant patient; goal of therapy is to prolong pregnancy to allow for continued fetal development thus improving the health status of the newborn at birth resulting in a reduced need for neonatal intensive care; uterine monitoring is more effective in identifying early contractions than is self-palpation by the mother

Horizontal Integration -- A competitive strategy resulting in the merging or integration of multiple companies or organizations that contain, produce, or provide similar products or services along the continuum of care and hold financial incentives for aligning with the larger group; strategy to establish contracting leverage, economies of scale, and/or the elimination of overhead costs and redundancy; also called specialty integration

Horizontal Merger[95] -- A legal reference to horizontal integration; a review target by antitrust regulators to evaluate whether a merger would reduce competition; *see* Antitrust Laws, Horizontal Integration

Hospice -- A licensed organization or facility which provides specialized, coordinated healthcare and services for the terminally ill

Hospital -- Any facility licensed and operated as a hospital providing healthcare services both in an inpatient and outpatient capacity; an institution that has a physician on-call at all times, employs registered nurses 24 hours/day, and maintains facilities for the treatment and diagnosis of illness or for surgery

Hospital Affiliation -- An agreement between a managed care organization and a hospital in which the hospital agrees to provide all of the inpatient services the health plan requires; health plans may contract with more than one hospital

Hospital Alliance[96] -- A voluntary formation of a collaborative network of hospitals to improve their negotiating position resulting in improved competition in dealing with MCOs for managed care contracts; hospitals joining together to possibly reducing costs through group purchasing or the sharing of services

Hospital Capitation[97] -- A reimbursement method for hospitals based on a Per-Member-Per-Month (PMPM) basis, a set number of patients per provider, in lieu of fee-for-service, per diem or case rate payment methods

Hospital Days -- *See* Bed Days

Hospital Days per Thousand -- A measurement of the actual hospital services a health plan's member used during the course of a year; calculated by dividing the total # of hospital days by the total members

Hospital Insurance (HI) -- Called Medicare Part A; this program provides insurance to cover the costs for hospitalization and immediate post-hospitalization services for Medicare eligible persons

Hospital-Based Physician -- A physician who works in the hospital, either contractually or as a salaried employee

Hospital-Based Specialist -- Hospital-based physicians who provide consultative services to the attending staff, such as radiologists or pathologists

Hospitalization Coverage -- Hospital care services covered by a health plan; a major factor in the selection of a health plan

Improper Influence -- Any act or influence which causes an agent of the government to wrongfully act or to give consideration regarding a government contract on any basis other than the merits of the matter

In-Area Care -- Covered services rendered by a participating provider within a Health Maintenance Organization (HMO) defined service area

Incidence – An epidemiological measure of disease frequency; the rate of disease development in a defined period in relation to a specific population; the number of new cases of a disease or illness presenting within a defined population within a defined period of time

Inclusive Contracting -- The practice of including, as options, a large number of insurers from which employees may select a preferred Health Maintenance Organization (HMO); method of promoting choice for employees

Incurred But Not Reported (IBNR) -- Financial accounting of costs or liabilities occurring in one accounting period but for which claims have not yet been reported or invoiced; a health plan's estimates of claims not yet received but for which healthcare services have already been rendered

Incurred Claims[98] -- All claims with a date of service within a specific period

Incurred Cost Audit[99] -- An audit conducted to review a contractor's cost submission to determine the allowability of charged costs

Indefinite Quantity Contract[100] -- A contract which provides for an indefinite quantity of supplies or services to be provided (within limits) for a defined period of time

Indemnify[101] -- To cover a loss; to make good a loss

Indemnity -- Insurance protection against injury or loss of health; an insurance program where the covered member is reimbursed for covered expenses; a traditional reimbursement method in healthcare that pays fee-for-service rates

Indemnity Benefit Contract[102] -- A plan that allows a patient to select a physician and a hospital to use versus restriction to a network of providers

Indemnity Carrier/Indemnity Insurance -- A company or policy offering coverage based on pre-established fee-schedules, limits, and exclusions negotiated with subscribers/subscriber groups; e.g., members are reimbursed after the claim is processed and reviewed by a third party carrier but without regard to the choice of provider

Independent Government Cost Estimate[103] **(IGCE)** -- An analysis, conducted by governmental personnel, prior to the acquisition phase of the contract, which is used to judge submitted proposals for budgeting purposes

Independent Physician Associations/Independent Practice Association/Independent Provider Association/Individual Practice Association (IPA) -- A healthcare delivery model in which a managed care organization (MCO) contracts with a physicians' organization and it, in turn, contracts with individual physicians or group practices; characteristics of an Independent Physician Association (IPA) include capitated payment, but the IPA may reimburse the physician on either a fee-for-service (FFS) or capitated basis and IPA physicians deliver care in their own offices and see both Health Maintenance Organization (HMO) and their FFS patients

Indigent -- Persons who are unable to purchase healthcare/ services unless they go without food, clothing or shelter due to insufficient income

Indirect Cost -- A group of costs not directly related to any one final cost objective but in which all services share; overhead costs

Individual Insurance -- A policy that provides healthcare coverage for an individual and family as opposed to a member of a group; personal insurance

Information Technology[104] **(IT)** -- Any equipment or interconnected system(s) or subsystem(s) used in the automatic acquisition, storage, manipulation, management, movement, control, display, interchange, transmission, or reception of data or information

Informed Consent -- Voluntary consent by an individual of legal age who possesses decision-making ability and is provided a minimum of information including an explanation of the procedure, significant risks as well as benefits associated with the procedure, and reasonable alternatives to it

Initial Eligibility Period -- The time frame in which a plan allows for the enrollment of new members without physical examination or health status evaluation; a recruitment incentive

In-Patient -- A term for an enrolled member who is admitted to a hospital or an acute care facility (non-ambulatory care facility) for at least 24 hours and requires the care of a physician

In-Patient Non-Availability Statement (INAS) -- Certification that the facility cannot provide needed inpatient care to an eligible beneficiary; authorizes the beneficiary to obtain the care at a civilian facility

Integrated Clinical Program -- A collaborative approach to healthcare delivery by provider, payer, and practitioner who all share in the risk and reward for delivering cost-effective, quality healthcare services for a defined population

Integrated Delivery System (IDS)/Integrated Delivery Network (IDN)/Integrated Delivery and Financing System (IDFS)/ Integrated Delivery and Financing Network (IDFN) -- A group of healthcare providers organized to deliver a broad, but defined, set of healthcare services to a defined population, and which emphasizes full access in the market and quality outcomes (clinical) and accepts a wide-variety of financial programs; also called health delivery network; *see* Vertical Integration

Integrated Healthcare Organization (IHO) -- An Integrated Delivery System (IDS) which is owned primarily by physicians

Integrated Service Network (ISN) -- *See* Accountable Health Plan (AHP)

Intent to Deny -- Written notification by the Health Care Financing Administration (HCFA) to an applicant for federally qualified Health Maintenance Organization (HMO) status that the applicant does not meet standards but appears to be able to meets standards within 60 days; HCFA notification with comprehensive explanation gives the applicant 60 days to respond in writing revising the application

Interested Party[105] -- A prime contractor or an actual/prospective offeror whose direct economic interest would be affected by the award of a subcontract or by the failure to award a subcontract

Intermediate Care Facility -- A less expensive healthcare setting for patients who are not in need of acute or skilled nursing care but yet need more care than is available in an assisted living community/facility

Internal Medicine -- A medical specialty that is concerned with illness and disease not requiring surgery, specifically illness and disease of the internal organ systems; an internist is one who practices internal medicine

Internal Resource Sharing -- An agreement with the managed care support contractor to supplement services offered within a military treatment facility (MTF); contractor may provide staff, equipment, equipment maintenance, supplies and cash to increase services available and maximize the capabilities of the MTF for contractor at-risk beneficiaries; is the primary choice for recapture of Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) workload

International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM) -- A classification and universal 6-digit coding system that allows for the collection of data regarding the incidence of illness and disease for reporting purposes; a system, updated by World Health Organization and mandatory for the processing of Medicare claims, standardizing the classification of diagnoses and facilitating the payment of claims

Interqual Criteria -- Clinical decision support criteria used to screen and assess activities for appropriateness and to accumulate aggregate data to identify and evaluate patterns of care and decision making by providers

Job Lock -- An employment phenomenon in which an employee feels unable to change jobs due to fear of losing healthcare benefits; fear of changing jobs and losing medical insurance because of a medical condition of the employee or family member

Joint Commission -- Commonly used identifying phrase for what is actually the Joint Commission on the Accreditation of Healthcare Organizations

Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) -- A not-for-profit national peer review organization which emphasizes quality of healthcare operations and provides for the review (normally occur every three years), inspection, and accreditation of healthcare organizations

Joint Contracting Model[106] -- An affiliation between an integrated healthcare system and a physician organization to provide quality healthcare services within the most cost-efficient setting

Joint Venture -- A contractual arrangement that involves sharing both risks and benefits between, or among, organizations for a specific purpose

Judgment -- Decision of a court

Kassebaum-Kennedy Health Coverage Act of 1997 -- Provides for portability and for a fixed premium guarantee for persons who changes jobs, either voluntarily or involuntarily; provides tax credits for the terminally ill; and provides benefits for small businesses and the self employed; *see* Portability

Key Management Staff – Individuals identified by the Health Maintenance Organization (HMO) as being responsible for key management functions as required by the Health Care Financing Administration for federally qualified HMO status

Kickback[107] -- Money, a gift, or any item of value provided by a contractor (prime contractor, subcontractor, or their employees) for the purpose of obtaining favors or favorable treatment with regards to a contract or subcontract

Lag Study – A Health Maintenance Organization (HMO) report which identifies the age of claims currently being processed, comparing the amount of money accrued that month with the amount going out to reimburse claims both for the current and for previous months; evaluates the adequacy of a plan's reserve funds

Lapse -- Loss in insurance coverage due to nonpayment of premiums

Lead Agent -- Department of Defense (DoD) organization with responsibility limited to a defined region, for management and oversight of contract matters, negotiation of agreements, and the planning and development for a healthcare network

Length of Stay -- The number of days a patient remains in the hospital per admission

Level Premium -- In the insurance industry, it is the rating structure in which a premium remains stable throughout the life of the policy

Liability[108] -- A legal or ethical obligation for an act; a party's legal obligation to recompense another

License[109] -- The granting of privileges by a state or territory of the United States to provide healthcare independently within a specified scope of practice for a particular discipline

Life Cycle Cost[110] -- The total cost to the government of acquiring, operating, supporting, and disposing of the item being acquired

Limited Liability Corporation[111] -- A legal entity in which a provider's liability is limited to his/her equity contribution in the corporation

Living Will -- A type of advance medical directive; a creature of statute; a document directing healthcare providers to use, or not to use, or withdraw certain life-sustaining modalities from the patient who is now incompetent and in a terminal condition

Local Area Networks (LANs) -- A method of information technology which connects multiple users to a common information network allowing the sharing of information and files

Long Term Care (LTC) -- A portion of the healthcare continuum which provides healthcare services to the chronically ill and/or disabled and includes maintenance and custodial care services; a modality for providing healthcare services in a variety of settings including nursing homes, rehabilitation facilities, hospitals, and individual residences

Loss Ratio -- The ratio between revenue from premiums and the cost to provide the healthcare benefit

Major Diagnostic Category (MDC) -- A classification of major diagnoses which are grouped by either by medical specialty or by anatomic groups or systems, the groups are further broken down into diagnosis related groups (DRGs) and then sub-divided into surgical and medical type cases

Malpractice[112] -- Negligence of a professional in the performance of his/her official duties

Managed Care/Managed Healthcare -- A healthcare system in which patients receive care from a primary care manager who serves as a patient advocate, monitoring care needs and referring patients to appropriate specialists when necessary and in which the managed care organization negotiates for discounted prices from facilities and providers; a healthcare system that combines delivery and payment with efforts to manage healthcare services emphasizing cost, quality and access issues; a program, which, if sound, emphasizes primary care, pre-authorization for specialty referrals which address patient utilization, pre-admission certification, concurrent reviews for appropriateness, and financial incentives and penalties associated with access to control costs

Managed Care Network[113] -- An organization of providers that is established by a commercial company or managed care plan and offered to employers or other groups as an alternate to traditional indemnity insurance

Managed Care Organization (MCO) -- A generic term used to describe a company, plan, or organization which uses the principles of managed care to deliver healthcare services to a defined population usually on a capitated basis; *see* Managed Care Plan (MCP)

Managed Care Plan[114] **(MCP)** -- A type of organized healthcare designed to provide health services to a defined population through the use of an established network of contracted healthcare providers with focus and emphasis on the delivery of necessary, appropriate, quality healthcare in an efficient, cost effective manner; *see* Health Maintenance Organization (HMO), Exclusive Provider Organization (EPO), and Preferred Provider Organization (PPO)

Managed Care Support Contract (MCSC) – A fixed price, at risk contract, supporting the Department of Defense (DoD) TRICARE program; contracts support Lead Agents by providing civilian managed care networks with fiscal and administrative support, and compliment the majority of services provided in the military treatment facilities (MTFs)

Managed Choice[115] -- A type of managed care plan which employs managed care principles but without a restriction on provider choice; typically members select a primary care provider who serves as gatekeeper; known as open-ended Health Maintenance Organization (HMO) or a Point Of Service (POS) plan

Managed Indemnity Plan (MIP) -- An indemnity health insurance program that incorporates managed care techniques and principles to control costs and promote quality healthcare; common techniques employed include pre-admission reviews, concurrent review for appropriateness, and second opinions for surgical care

Management Information System (MIS) -- The computer system, both hardware and software, which supports management of a program or organization

Management Service Organization (MSO) -- A separate legal entity that provides practice management, administrative, and support services to physicians, both individual and group practices

Mandated Benefits -- Those benefits health plans are required by state or federal law to provide and reimburse for; e.g., in vitro fertilization, bone marrow transplant, and substance abuse treatment

Marginal Costs[116] -- A change in cost as a result of a change in operating conditions such as an increase in demand; includes variable costs and any fixed costs incurred because the volume change exceeds the relevant range for existing fixed costs

Marketing[117] -- "The process of planning and executing the conception, pricing, promotion and distribution of ideas, goods and services to create exchanges that satisfy individual and organizational objectives"

Maximum Allowable Charge (MAC) -- The maximum amount a vendor can charge for a product - usually associated with a fee schedule; *see* Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge (CMAC)

Medicaid -- A federal entitlement program which provides public assistance through the provision of medical benefits to eligible beneficiaries regardless of age with eligibility based on income; federal entitlement program operated at the state level but consisting of both state and federal funds and serving those who are blind, poor, aged or disabled or families with dependent children; Title XIX of the Social Security Act of 1966

Medical Expense and Performance Reporting System (MEPRS) -- A tri-service, uniform reporting method which standardizes the reporting of expense, manpower, and performance data by military medical treatment facilities

Medical Expense Performance Reporting System/Expense Assignment System III (MEPRS/EASIII) -- A tri-service workload and expense accounting system which functions to gather medical data and produce reports for all fixed Department of Defense (DoD) military medical treatment facilities

Medically Necessary/Medical Necessity -- The delivery of appropriate and needed health services for the treatment, diagnosis, or prevention of illness based on nationally accepted standards

Medical Group -- Physicians, of the same or different specialties, with a common business interest through a partnership or other ownership arrangement

Medical Loss Ratio -- The ratio between what it costs to deliver medical care and the amount of money a health plan actually receives in premiums

Medical Record -- A record of all healthcare encounters for an individual patient including all documents detailing the care and treatment received and encompassing both inpatient and outpatient services

Medical Treatment Facility (MTF) -- *See* Military Treatment Facility

Medicare -- A federal medical health insurance program which covers persons 65 years or older and some disabled persons under the age of 65 who are eligible for Social Security; created in 1966 under Title XVIII of the Social Security Act and covers the cost of hospitalization, medical care and some related services regardless of income

Medicare Part A -- Hospital insurance that covers inpatient care, hospice, and limited skilled nursing facility services with the patient remaining responsible for copays and deductibles

Medicare Part B -- A supplemental and voluntary program which has a small fee, but covers medically necessary physician services, outpatient care, and medical supplies with the patient remaining responsible for copays, deductibles, and balanced billing

Medicare Part C -- Legislation which allows providers to directly contract with the Health Care Financing Administration (HCFA); part of the 1997 Balanced Budget Act

Medicare + Choice -- Legislation which allows providers to directly contract with the Health Care Finance Administration; part of the 1997 Balanced Budget Act; see Medicare Part C

Medicare Risk Contract[118] -- The establishment of contracts between the Health Care Financing Administration (HCFA) and health maintenance organizations (HMOs) and/or competitive medical plans (CMPs) to provide healthcare services for Medicare beneficiaries for a pre-established set monthly amount (fee); monthly capitated rate established from the adjusted average per capita cost (AAPCC); arrangement putting health plans at risk for healthcare services and costs for all beneficiaries regardless of intensity of services required or the expense

Medicare Subvention -- *See* TRICARE Senior Prime

Medicare Supplement Policy (Medsupp) -- A healthcare policy that pays what Medicare does not including the member's coinsurance, deductible, and copayments and which provides additional coverage for services beyond what Medicare covers up to a pre-established and defined limit; also called Medigap

Medigap -- Private health insurance plans that cover costs not covered by Medicare; *see* Medicare Supplement Policy

Member -- A person, subscriber or a dependent, who is enrolled with a health plan and for whom the plan is responsible to provide healthcare services

Member Months -- The method managed care plans utilize to calculate the total number of months of coverage for each plan member; one member month being the equivalent of one member for whom the plan was paid one full month's premium

Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) -- An agreement or negotiated contract between a military medical treatment facility and a civilian agency (e.g., a managed care support contractor) regarding implementation of specialty services for that particular medical treatment facility

Midlevel Practitioner (MLP) -- A primary care provider other than a physician, such as a nurse practitioner, physician assistant, and certified nurse midwife; who delivers primary care under the supervision of a physician and whose services are usually less expensive than are those of physicians

Military Claims Act[119] -- Federal statute which allows for the administrative adjudication and payment of tort claims for incidents which occurred overseas

Military Health System[120] **(MHS)** -- The health system which delivers military healthcare services to eligible (uniformed services) beneficiaries

Military Treatment Facility (MTF) -- Military health facilities including clinics and hospitals that deliver health services to eligible beneficiaries; also called Medical Treatment Facility

Minor -- Any person who has not attained the age of majority, which is a matter of state law

Modification -- A change to an existing contract; *see* specifically Contract Modification

Modified Accelerated Cost Recovery System[121] **(MACRS)** -- A system or method of calculating depreciation of equipment and property over time as established by the Tax Reform Act of 1986

Modified Community Rating (MCR) -- A separate rating of medical care usage in a specific geographic area (community) using age, sex, and other specific demographic criteria

Multiple Employer Welfare Association (MEWA) -- A group of employers who pull resources together to purchase group medical coverage for their employees or who use a self-funded approach which eliminates many state mandates but which then puts the employers at risk for all medical costs

Multispecialty Group -- A collection of physicians, representing more than one specialty, who work together in a group practice setting sharing equipment, administrative support, personnel, and profits; *see* Medical Group

Multi-Year Contract[122] -- A contract for the purchase of supplies or services for more than one year but no more than five program-years

National Committee on Quality Assurance (NCQA) -- An independent, not-for-profit health maintenance organization (HMO) accrediting organization that performs quality oriented reviews emphasizing continuous quality improvement, credentialing of providers, patient rights and responsibilities, realistic utilization management techniques, wellness and preventive healthcare, and adequacy of medical records and which developed HEDIS standards to measure and monitor HMO quality and performance

National Defense[123] -- Activities related to the military, to programs for the military, to military assistance to any foreign nation, or to stockpiling or space

National Drug Code (NDC) -- A national classification for the identification of prescription drugs

National Health Insurance (NHI) -- A recent national interest stemming from recommendations from government officials and politicians that the federal government would/could/should be the single payer for all healthcare services similar to the British and Canadian healthcare systems; also referred to as Universal Coverage

National Practitioner Database (NPDB) -- The federal entity designated to receive and maintain data on substandard clinical performance by licensed providers such as physicians, dentists, and other practitioners through information on malpractice claims and disciplinary actions

Navy Executive Information System -- An information system utilized by the Navy that provides comparative data, including information on staffing, workload and financial aspects of operations, on all medical facilities

Negotiation[124] -- Contracting process that permits discussion between the parties and modification of offerors' proposals

Negotiated Contract[125] -- Any contract that is awarded without the use of sealed bidding procedures

Network[126] -- A formal or informal affiliation of physicians; a group of providers who contract with a MCSC to accept and provide care to beneficiaries of the uniformed services enrolled in the managed care program including military treatment facility (MTF) and civilian preferred providers

Network Model Health Maintenance Organization (HMO) -- A healthcare model in which an health maintenance organization (HMO) contracts with numerous provider organizations, or with independent providers or specialty physician groups practicing out of their own offices for capitated payments; a contractual model, based on capitated payment, which may use open or closed panels and whose providers may or may not provide care to non-plan members

Network Provider -- A medical professional who is a member of a provider network; a provider who has contracted to accept TRICARE Extra patients and agreed to abide by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) policies in the delivery of care for this patient group

Non-Availability Statement (NAS) -- A statement from a military medical treatment facility which states it is unable to deliver the care required by the eligible beneficiary and authorizes the patient to seek treatment at a civilian facility and file a claim for services

Non-Network Provider -- A healthcare professional who does not have a contract with a managed care organization (MCO) to provide healthcare services to patients belonging to an established network

Non-Participating (nonpar) -- A provider or facility who has not contracted with a health plan and therefore is not considered to be a participating provider or facility of the plan; also called out-of-network provider

Nonpersonal Services Contract[127] -- A contract under which the personnel rendering the services are not subject, either by the contract's terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the government and its employees

Nonrecurring Costs[128] -- Those costs that are generally incurred on a one-time basis and include plant and equipment relocation, special tooling and special test equipment and specialized work retraining

Not-For-Profit Organization[129]**(NFP)** -- An organization whose profits cannot be distributed to owners

Nurse Anesthetist -- An advance practice nurse licensed by a state and recognized by the Joint Commission to function as a licensed independent practitioner in the administration of anesthesia and who, in most hospitals, works under the supervision of a physician

Nurse Midwife -- An advance practice nurse licensed by a state to deliver specialized healthcare services including the antepartum, intrapartum and postpartum care for the uncomplicated obstetrics patient to women; an advanced practice nurse recognized by the Joint Commission as a licensed independent provider for the delivery of maternal-infant healthcare services for the uncomplicated, well mother-well baby couple and who works under the supervision of a physician in most hospitals

Nurse Practitioner -- An advance practice nurse with specialized training and a master's degree in primary healthcare who is qualified to diagnosis and treat health conditions and to prescribe medications as appropriate and who serves under the supervision of a physician; an advanced practice nurse who, under the supervision of a physician, delivers a range of primary healthcare services to a population of all ages; *see* Clinical Nurse Practitioner

Nursing -- The provision of physical and emotional care and healthcare education to support or improve a patient's condition

Occupied Bed Day (OBD) -- A day in which a patient occupied an inpatient bed (or bassinet) at the time the census was taken (usually midnight)

O Factor[130] -- A component of the bid price formula which represents the military treatment facility (MTF) utilization impact index; the factor reflects changes in levels of MTF utilization on the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) costs; there is one factor for inpatient and one for outpatient care--inpatient factor is based on non-availability statements (NASs) used and inpatient care authorization, outpatient factor is based on MTF outpatient visits provided to the Managed Care Support Contractor (MCSC) at-risk beneficiaries

Offer[131] -- A response to a solicitation that, if accepted, would bind the offeror to perform the resultant contract

- bids: response to invitation for bids (sealed bidding)
- response to requests for proposals
- quotes: responses to requests for quotations

Office of Managed Care (OMC) -- A federal agency responsible for oversight of federal qualifications and compliance related concerns for health maintenance organizations (HMOs) and eligible competitive medical plans (CMPs)

Office of Personnel Management (OPM) -- The federal agency responsible for the administration of Federal Employee Health Benefit Program (FEHBP); the agency with which managed care plans contract to provide health benefits for government employees

Open Access (OA) -- A health plan arrangement where members can see participating specialty providers within the plan without a referral; also called open panel

Open Ended HMO -- A health plan that allows its members to seek healthcare services from out-of-network or out-of-plan providers for an additional charge; similar to point-of-service (POS) plan

Open Enrollment Period -- A period in which employees or members of a health benefit program have an opportunity to select or change health plans from all plans offered; enrollment during this period is usually without evidence of insurability (EOI) or waiting periods; during open enrollment, plans must accept all persons who apply during a specific period each year

Open Panel HMO -- Participation in the health maintenance organization (HMO) is open to any provider who meets HMO and physician group credentialing criteria

Opportunity Cost -- The cost of a lost opportunity; the cost of committing a resource in a particular method eliminating it from other uses

Ostensible Agency -- When an entity may be held liable for the acts, errors, or omissions of an independent contractor, such as a physician or other healthcare professional because the situation and surrounding facts led the patient to believe the healthcare professional/provider was actually an employee/ agent of the hospital

Other Health Insurance[132] **(OHI)** – A military health system (MHS) beneficiary/family's medical coverage other than the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)/TRICARE; the primary (first) payer before CHAMPUS/TRICARE does not include CHAMPUS Supplemental Insurance which is intended to pay after CHAMPUS

Other Party Liability -- *See* Coordination Of Benefits (COB)

Other Weird Arrangement (OWA) -- A generalized term or acronym which applies to any new or unique managed care plan or arrangement

Outcome Measurement[133] -- A process of measuring the response to clinical treatment either individually or collectively with the goal of establishing and determining the effectiveness of medical treatments and protocols

Outlier -- An entity which falls outside an expected range; e.g., either more or less than expected; a patient whose length of stay falls outside the norm; a physician whose resource utilization is deemed excessive

Out-Of-Area Benefits -- Plan benefits, often limited to emergency services, provided to members for when they are not in the health maintenance organization's (HMO) service area

Out-Of-Area Care (OOA) -- Financial coverage by a health plan for medical services received by a covered member outside of the normal (network) service area; after pre-approval/ authorization for the services

Out-Of-Network Services -- Healthcare rendered by a non-network healthcare provider with reimbursement to the member at a rate less than that of in-network care

Out-Of-Pocket (costs and expenses)**(OOP)** -- The costs of healthcare paid directly by the patient/member, including copayments, deductibles and coinsurance

Out-Of-Pocket Limit/Maximum Out-Of-Pocket Costs -- The total amount a member must pay, including all fees, copays, and deductibles over the course of a covered year before the plan initiates 100% coverage for the rest of the calendar year

Out-Patient Care -- Healthcare services rendered to a patient in a non-inpatient setting and not requiring an overnight stay in a medical facility; also called ambulatory care

Over-The-Counter (OTC) Medications -- Medications or drugs which do not require a prescription by federal law

Participating Provider (Par) -- A healthcare provider or facility that has contracted with a health plan to deliver healthcare services to its covered population

Patient Appointment and Scheduling Subsystem of CHCS (PAS) -- A subsystem of the Composite Health Care System (CHCS) program which allows clinics or providers to control their own scheduling, booking, and appointments and which alerts users to schedule conflicts

Patient Days -- *See* Bed Days

Patient Self-Determination Act[134] -- Legislation enacted in 1990 as a part of the Omnibus Budget Reconciliation Act (OBRA); requires covered organizations, hospitals, nursing facilities, providers of home health care, hospice programs, and HMOs which receive Medicare and Medicaid funding, to provide each patient or resident with information explaining the right to accept or refuse medical care and to execute an advanced directive

Pay and Pursue -- A term which refers to a plan or insurance company paying for a claim and then pursuing payment from another source or plan

Payer -- An entity which is liable for the healthcare coverage for members; a payer may be a managed care organization (MCO), third party administrator, employer, the federal government or insurance carrier

Peer Review -- The review of professional performance in the delivery of healthcare services for appropriateness, efficiency, and effectiveness by members of the same profession

Peer Review Groups -- A third party group of healthcare providers who evaluate claims and associated disputes to promote fair and ethical practices within the industry

Peer Review Organization -- Organization created pursuant to Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 to conduct quality of care and appropriateness reviews for Medicaid and Medicare admissions, discharges and readmissions; e.g., quality and cost issues

Penetration Rate[135] -- The rate at which eligible enrollees decide to become members of a managed healthcare plan, the percentage of persons covered by a managed healthcare plan out of the eligible population

Per Contract Per Month (PCPM) -- The actual dollar amount paid on behalf of each member each month for healthcare coverage

Per Diem Reimbursement -- The payment or reimbursement to a healthcare facility based on a set-rate per day, not on the actual charges incurred for provided services

Performance-Based Contracting[136] -- The structuring of all aspects of acquisition around the end-result, e.g., purpose of the work to be performed as opposed to the manner by which it is done

Performance Factor -- A unit of measure of work produced by a function within a medical facility; e.g., workload procedures, occupied bed days, or visits

Per Member Per Month[137] **(PMPM)** -- The unit of measure describing capitated payments (costs or revenue) related to each member each month healthcare coverage was effective; calculated by dividing plan revenue by the total number of member months

Per Member Per Year (PMPY) -- Same unit of measure as Per Member Per Month (PMPM) except the period is based on a year; *see* PMPM

Per Thousand Members Per Year[138] **(PTMPY)** -- *See* PMPY; except this method is used by health plans to report utilization of services by members per thousand

Performance Work Statement (PWS) -- A written description of the work to be accomplished by the contractor; *see* Statement Of Work (SOW)

Personal Services Contract[139] -- A contract that, by its expressed terms, makes the contractor personnel appear, in effect, to be government employees

Physician Contingency Reserve -- A practice of withholding a portion of physicians' reimbursement and subsequently establishing a fund set-aside to cover unanticipated medical claims expenses

Physician Current Procedural Terminology (CPT) -- *See* Current Procedural Terminology, 4th Edition (CPT-4)

Physician Hospital Organization (PHO) -- A type of integrated delivery system owned by physicians and hospital groups for the sole purpose of attracting health plan contracts to further mutual interests; *see* Integrated Delivery System (IDS)

Physician Payment Review Commission (PPCM) -- A bipartisan advisory group established to advise Congress on reimbursement and payment issues related to Medicaid and Medicare

Physician Practice Management (PPM) -- An organization that manages a physician's practice or business and may even own the practice; many PPMs are publicly traded

Point of Service (POS)/Point of Service Plan/Point of Service Charge -- A health plan that allows members to access and receive healthcare services from a non-participating provider however, members must acknowledge that benefits differ than with the use of a participating provider and may result in additional out-of-pocket costs; a charge which results when a TRICARE Prime patient seeks healthcare services without obtaining pre-authorization and, as a result, is required to pay up to 50% of the provider's fees in addition to the pre-established deductible of $300/individual or $600/family

Portability -- A provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which guarantees continuous healthcare coverage for persons switching jobs and/or moving between plans and which requires plans to waive waiting periods and any pre-existing condition exclusion for persons previously covered by another plan

Practice Guidelines[140] -- Formal methods and prescriptions developed by specialists within the medical specialty or field for the treatment and care of specific diseases or illnesses that have been determined to produce the best clinical results; educational support and quality assurance measures; *see* Best Practices.

Pre-Admission Certification (PAC) -- Certification by the health plan, after a review that is conducted prior to the actual hospitalization and which evaluates the need for and the appropriateness of the anticipated inpatient care; pre-admission review is conducted using nationally accepted standards and criteria (e.g., Interqual); also known as pre-certification

Preauthorization -- The process of reviewing, for the purpose of evaluating medical necessity and appropriateness of care, a request for healthcare services prior to the care being rendered

Preaward Survey[141] -- An evaluation by a surveying activity of a prospective contractor's capability to perform a proposed contract

Pre-Certification/Pre-Admission certification/Pre-Admission Review/Precert -- A prospective review by the payer prior to admission of requested healthcare services, usually for in-patient hospitalization, evaluating the medical necessity of the desired care and the appropriate level of care for services to be rendered

Pre-Existing Condition -- A medical condition diagnosed and/or treated prior to the person's effective date of coverage by a group health plan; an exclusion or limitation not permitted federally qualified HMOs

Preferred Provider Arrangement (PPA) -- *See* Preferred Provider Organization (PPO) or Preferred Provider Network (PPN). Archaic term.

Preferred Provider Network[142] **(PPN)** -- Independent physicians/ providers organized by a health plan to provide care and services for an enrolled population at a discounted rate; e.g., TRICARE network physicians agree to accept discounted rates and file the claims for the patient and providers in the TRICARE PPN must meet the same standards as physicians working at the military treatment facility (MTF) to be a part of the network

Preferred Provider Organization (PPO) -- A network of healthcare providers who seek to contract to deliver services to members of health plans usually at a discounted rate; generally, PPOs provide patient's more choice and offer higher reimbursement to the providers; not a prepaid plan but one employing utilization management techniques

Premium -- A predetermined amount of money an employer or individual pays in advance to an insurance company for a medical insurance policy which then guarantees payment for covered medical benefits as delineated in the contract

Preventive Healthcare -- Services which strive to prevent or promote early detection of adverse health conditions; services which focus on keeping a patient/population well; wellness programs which include nutrition counseling, exercise, health screenings and cessation programs for smoking

Primary Care -- Basic or general healthcare services provided in an ambulatory setting by a PCM such as a family practice physician, internist, pediatrician, or gynecologist

Primary Care Case Management (PCCM) -- A program in which States contract directly with primary care providers to care and case management Medicaid patients under their care; generally such programs pay the provider fee-for-service rates as well as a monthly case management fee per member per month (PMPM)

Primary Care Manager (PCM) -- A patient's primary healthcare provider (physician, nurse practitioner, physician assistant, independent duty corpsman) who provides and oversees all routine healthcare services, submits referrals for specialty care, and monitors their care (continuum) over time; a TRICARE Prime patient's entry point to healthcare services

Primary Care Network[143] **(PCN)** -- A group of primary care providers who share the risk of providing healthcare for members of a health plan

Primary Care Provider/Physician/Practitioner (PCP) -- A provider, selected upon enrollment in a health plan, who is trained and delivers primary care such as family practice, internal medicine, pediatrics -- includes nurse practitioners and, in some cases, obstetricians and gynecologists; serves as the entry point for the patient with the medical system and manages and coordinates the patient's healthcare needs

Principle Diagnosis -- The primary reason the patient required inpatient care

Privacy Act -- A federal law intended to protect personal information the government maintains on individuals from general release and to give individuals one way of amending such data when it is factually erroneous; 5 USC 552a

Privileges -- Privileges granted by an institution to a healthcare professional to practice at the institution within specific parameters based on the provider's education, training, licensure, certification(s), experience and skill/ability

Procuring Activity[144] -- A component of an executive agency having significant acquisition function and designation; unless otherwise annotated, term is synonymous with contracting activity

Professional Review Organizations (PRO) -- An organization that serves to evaluate physicians' practices to determine if care rendered was medically necessary and delivered in the appropriate setting

Profiling[145] -- A process of collecting, collating, and analyzing clinical (utilization) data to develop and evaluate providers, resource consumption, and outcomes of care; a means of review and analysis performed on a provider, clinic, network, or region to assess patterns of health care services; expressed as a rate, a measure of utilization, aggregated over time for a defined population of patients

Proposal[146] -- Any offer or other submission used as a basis for pricing a contract, contract modification, or termination settlement, or for securing payments thereunder

Proposal Modification[147] -- A change made to a proposal before the solicitation closing date and time, made in response to an amendment, or, to correct a mistake at any time before award

Proposal Revision[148] -- A change to a proposal made after the solicitation closing date, at the request of or as allowed by a contracting officer, as the result of negotiations

Prospective Payment System (PPS) -- A payment system where billed charges are based on prices determined prior to the delivery of the service based on standardized illness and treatment; a before-the-fact determination of payment associated with inpatient care and diagnosis related groups (DRGs)

Prospective Review -- A utilization management technique; a screening assessment conducted by a healthcare professional, other than the one responsible for the patient's care, on requested healthcare services prior to the delivery of care to ensure medical necessity and the appropriate utilization of services; authorization for services, that is, if payment is to be ensured, is required before the patient accesses care

Protest[149] -- A written objection by an interested party to any of the following:

- a solicitation or request by an agency for offers for a contract for the procurement of property or services
- the cancellation of the solicitation or request
- an award or proposed award of the contract
- a termination or cancellation of an award of the contract, if the written objection contains an allegation that the termination is based in whole or in part on the improprieties concerning the award of the contract

Provider -- A healthcare professional who is licensed to independently provide healthcare services or products and who is usually compensated for services rendered; e.g., physician, nurse practitioner, physician assistant, optometrist, psychologist

Provisional Rate[150] -- Another term for billing rate

Purchase Order[151] -- An offer by the government to buy supplies or services, including construction and research and development, upon specified terms using simplified acquisition procedures

Qualified Bidders List[152] **(QBL)** -- A list of bidders who meet qualification requirements

Qualified Manufacturers List[153] **(QML)** -- A list of manufacturers whose products have been inspected and which meet all qualification requirements

Qualified Medicare Beneficiary (QMB) -- A person whose total income is below the federally established poverty-line and, as a result, is qualified for state payments of all Part B premiums, deductibles and copayments; one determined by the Social Security Administration, based upon factors such as age, kidney disease, and disabilities, to be eligible for Medicare benefits

Qualified Products List[154] **(QPL)** -- A list of products that have been examined and meet all qualification requirements

Quality[155] -- The value of a product or output as defined by the consumer; "the degree of excellence or conformity to established standards or criteria"

Quality Assurance (QA)/Quality Management (QM)/Quality Improvement (QI)/Continuous Quality Improvement (CQI)/Total Quality Improvement (TQM)/Performance Improvement (PI) -- A program designed to review and continuously improve performance through evaluation of processes; one which emphasizes the design, measurement, assessment and improvement of healthcare processes to improve the overall quality of healthcare services delivered to all beneficiaries and which includes monitoring of care delivered, risk management, outcomes management, external review programs, and clinical privileging of healthcare providers; an evaluation of care against pre-established nationally accepted standards

Quality Assurance Reform Initiative (QARI) -- A healthcare quality improvement system, developed by the Health Care Financing Administration (HCFA), for Medicaid managed care plans and which includes both a quality assurance framework and clinical guidelines for states

Quality of Care -- A desired level of excellence in the delivery of healthcare service; the degree to which services provided produce the desired outcome

Realistic[156] -- A judgment by the contracting officer that the cost proposed by an offeror is not too low

Reasonable[157] -- A judgment by the contracting officer that the cost proposed by an offeror is not too high

Reasonable and Customary Charge -- A term which refers to the standard or generally accepted charge for services for a given area (customary) and in which the fee is considered reasonable if it falls within what is considered to be the average range for a given service within a given geographic region

Recurring Costs[158] -- Costs, such as labor and materials, that varies with the quantity being produced

Referral -- A recommendation or request by a physician or healthcare provider that a patient be sent to see a different provider or specialist, who may or may not be in the patient's health plan network, for specific or specialized treatment or care; also called a consult

Reinsurance -- The purchase of insurance to cover the costs of healthcare benefits which exceed a predetermined level; a method of limiting the risk a managed care organization (MCO) assumes by acquiring insurance to handle any catastrophic cases or medical claims; also called risk control insurance; *see* Stop Loss

Relative Value Scales -- A pricing system utilized by physicians in which relative weighted values are assigned to treatments or procedures based on existing standards in the industry such as current procedural terminology codes

Request for Equitable Adjustment (REA) -- A letter or proposal from a contractor requesting a change to the contract price, schedule, specifications, or other terms and conditions, to compensate the contractor for injuries or loss resulting from government fault

Request for Quote[159] **(RFQ)** -- An informal solicitation

Requests for Proposals[160] **(RFP)** -- A solicitation; the government's statement or written requirements containing the statement of work, other special requirements, the place and the period of performance, required clauses, certifications of the offeror, proposal preparation instructions and the criteria the award will be based upon

Resource Based Relative Value System (RBRVS) -- A fee schedule developed by the Health Care Financing Administration (HCFA) to reimburse physicians based on the time and resources required to care for a patient and encompasses overhead costs, adjustments for geographic location, and include factors of time, effort, technical skill, practice, and training costs

Resource Sharing[161] **(RS)** -- *See* External Resource Sharing and Internal Resource Sharing

Resource Support[162] -- A task order requirement for a Managed Care Support (MCS) Contractor to provide needed resources (people, supplies, equipment, equipment maintenance) to a military treatment facility (MTF) to support the healthcare delivery within the MTF for MTF at-risk beneficiaries; a possibility for retaining MTF workload in-house; a resource support program that differs from a resource sharing initiative in that MTF funds are used to obtain resources or support services

Respondeat Superior -- The legal doctrine of vicarious liability in which a patient involved in medical litigation can hold an employer (hospital/managed care organization) liable for the negligent acts/actions of the employee (provider) because the employer has the right/responsibility to control the provider's acts; this doctrine does not apply if the negligent party is an independent contractor, e.g., one over whom little control is exercised

Responsible Offeror -- A prospective contractor that has acceptable financial, technical, and organizational resources, and a satisfactory record of business ethics

Retrospective Review -- A comprehensive review of healthcare services conducted after the care has been rendered which is used to evaluate utilization patterns and to allow for denial of payment if pre-established practice protocols were not followed

Revised Financing -- A new financing method associated with a managed care support contract that moves the risk for providing healthcare services for the military treatment facility (MTF) Prime beneficiaries from the Managed Care Support (MCS) Contractor to the MTF; a financing method that puts the MTF financially 'at risk' for the care required by the TRICARE MTF Prime patients

Risk Adjustment -- A process of adjusting fees paid to providers resulting from differences in demographics, medical conditions, and location; a process intended to remove any financial incentives for payers to reduce or eliminate enrollment of high risk individuals by adequately compensating the payer for the risk they assume

Risk Contract[163] -- A contract payment method between the Health Care Financing Administration (HCFA) and a managed care organization (MCO), health maintenance organization (HMO), or a competitive medical plan (CMP) in which the plan is required to deliver all required, medically necessary, comprehensive medical services in exchange for a fixed monthly payment rate from the government and a premium by the enrolled member (Note: Medicaid patients enrolled in an at-risk contract are not required to pay premiums)

Risk HMO[164] -- A Health Care Financing Administration (HCFA) term which refers to a federally qualified health maintenance organizations (HMO) or competitive medical plans (CMP) which assumes the financial risk of caring for Medicare beneficiaries through their provider networks; the risk HMO requires members to obtain all healthcare services through the HMO or CMP network except for emergency care and out-of-area urgent care in order for the care to be covered

Risk Management (RM) -- A process or program to identify, analyze, and correct episodes of loss or potential loss, e.g., risks which might result in a negative clinical outcome or in other harm to a patient, employee, invitee, or even a trespasser; the implementation of administrative techniques to minimize potential financial loss associated with liability in such events

Risk Sharing -- The sharing of financial risk and responsibility between two or more entities associated with the care of an enrolled or defined population

Same Day Surgery (SDS) -- *See* Ambulatory Surgical Center (ASC)

Second Level Review -- A prospective review of requested healthcare services conducted to determine medical necessity

Second Opinion -- An opinion of a physician evaluating the need for treatment or care recommended by another physician

Self-Funded Plans -- A health plan where the financial risk for medical bills is the sole responsibility of the company and not an insurance company or managed care plan

Sentinel Event -- An adverse health event that might have been avoided if different procedures or alternative interventions were employed; e.g., an adverse event, e.g., a physician amputating the wrong limb, which is required to be reported to the Joint Commission and which may trigger a full case analysis including circumstances, risk factors and preventive measures

Service Area -- The geographic area in which a managed care plan offers its program or plan as approved by the state and the Certificate of Authority (COA) for health maintenance organizations (HMOs); a health plan requirement that members seek healthcare services from participating providers within the specified geographic region except in cases of an emergency

Service Contract[165] -- A contract that directly engages the time and effort of a contractor whose primary purpose is to perform an identifiable task rather than to furnish an end item of supply; e.g., housekeeping or maintenance contracts, communication services contracts (beepers), and research and development contracts

Shadow Pricing -- A practice of setting prices just under the competition's price; setting health maintenance organizations (HMO) premiums by under-pricing indemnity plans not through adherence to community or experience rating

Sherman Act of 1890 -- A federal law enacted to prevent and prohibit restraints on trade and monopolies; *see* Clayton Act

Sierra Military Health Services, Inc. (SMHS) -- The TRICARE contractor selected to administer TRICARE benefits to eligible beneficiaries in the North Atlantic and New England regions of the continental United States (CONUS)

Skilled Nursing Facility (SNF) -- A licensed healthcare facility that accepts patients requiring rehabilitative, medical, and nursing care services but at a lesser extent than those services provided in a hospital

Skimming -- The enrollment of low-risk, relatively healthy members in a prepaid health plan while simultaneously discouraging the enrollment of sicker, more complex patients; also called Cherry-Picking

Social Health Maintenance Organization (SHMO) -- A type of HMO originally funded by Congress in 1984 to demonstrate the feasibility of providing integrated acute and long-term healthcare services for Medicare enrollees with complex health needs; program including coverage for medical care needs and social needs as well, such as prescriptions, personal care, and skilled nursing care

Sole Source Acquisition[166] -- A contract for the purchase of supplies or services entered into, or proposed to be entered into, by an agency after soliciting and negotiating with only one source

Source Selection Advisory Council[167] **(SSAC)** -- A committee that reviews the cost and technical proposals and makes recommendations for contract award to the Source Selection Authority

Source Selection Authority (SSA) -- An individual, out-ranking the Contracting Officer by at least one level, who makes the final determination on the award of a contract

Source Selection Evaluation Board[168] **(SSEB)** -- Any board, team, or council that evaluates bids or proposals

Sovereign Immunity -- The legal doctrine that the federal government and other governmental entities cannot be sued without their consent; *see* Federal Tort Claims Act, the Tucker Act and similar state statutes

Sponsor -- The service person or former military member, whether active duty, retired, or deceased, whose relationship with the beneficiary makes the individual eligible for healthcare services in the military health system (MHS)

Staff Model Health Maintenance Organization (HMO) -- A healthcare delivery model which provides healthcare services to its enrolled beneficiaries through the employment of physicians, on salary and compensated through incentive programs, who see patients in the HMO's facilities; a type of closed panel health maintenance organization (HMO)

Standard Class Rate (SCR) -- A projection tool for per member per month (PMPM) calculation using group demographic information to set group rates

Standard of Care -- That minimum threshold a healthcare provider must reach in the performance of his duties; the legal requirement to act, or to refrain from acting, as would any other prudent and reasonable healthcare provider of the same specialty given the same or similar circumstances

Standard Prescriber Identification Number (SPIN) -- A program currently under development by the national Council of Prescription Drug Programs to establish unique prescriber identification numbers

Stark I -- Restrictions, effective January 1992 from the 1989 Omnibus Budget Reconciliation Act (OBRA) (42 U.S.C.), limiting self-referrals within physicians practices and to limit physicians' ability to derive direct income from ancillary services associated with the care of both Medicaid and Medicare patients

Stark II -- Regulations published in 1993 by the Health Care Financing Administration (HFCA) that prohibit physicians from referring patients or any business transactions to entities in which they hold a financial stake or interest

Statement of Work (SOW) -- A written explanation of the work to be completed by a contractor

Stop Loss -- A form of reinsurance in which a health plan pays another insurance company to protect it against excessive loss; e.g., when the cost of care for a single patient exceeds a predetermined amount, the health plan would receive 80% of expenses over the predetermined amount for the remainder of the year from the insuring agency

Subscriber -- The person responsible for paying the premiums for membership in a health plan or on whose employment membership in a group plan is based; also called member or enrollee but there may be distinctions, e.g., a dependent is considered a member but not a subscriber

Supplemental Care[169] **(Funds)** -- Care that is ordered and paid for by the military treatment facility (MTF)

Surety[170] -- An individual or corporation legally liable for debt, default, or failure of a principle to satisfy a contractual obligation

Task Order[171] -- An order for services placed against an established contract or with government sources

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) -- A federal law which defines primary and secondary coverage responsibilities of the Medicare program; additional components of the Act include extending Medicare payments to ancillary services, providing for hospice coverage, and allowing Medicare to sign at-risk contracts with health maintenance organizations (HMOs) and competitive medical plans (CMPs)

Technical Evaluation Team[172] **(TET)** -- A group of subject matter experts (SME) who evaluate and rank submitted technical proposals using the criteria delineated in the solicitation

Termination Contracting Officer[173] **(TCO)** -- A contracting officer who is responsible for managing and settling one or more particular contracts; also refers to a contracting officer who specializes in the management and settlement of terminated contracts

Termination Date -- The actual date that healthcare coverage is no longer in effect

Termination for Convenience (T4C) -- The voluntary and unilateral decision by the government to terminate a contract; when the contracting officer determines the termination of a contract to be in the best interest of the government; e.g., failure to appropriate adequate funding, the service is not needed, and/or the current performance is not satisfactory; can apply to any government contract, even multiyear, and happen at any time during the life cycle of the contract

Termination for Default (T4D) -- Unilateral contract action in which the government decides to terminate a contract due to non-performance by the contractor

Third Level Review -- A review conducted at the request of a beneficiary or provider to reconsider (reconsideration) a decision rendered on the appropriateness, of admission, continued stay or services rendered; medical necessity, or reasonableness of requested healthcare as a covered benefit

Third Party Administrator (TPA) -- A company outside the insuring organization which contracts to administer benefits and all administrative duties including utilization review for employee health plans and managed care plans; a third party payer if its administration of the plan also includes claims payment

Third Party Collections -- A billing system used in the military health system (MHS) that allows the government to bill other insurers and recover healthcare costs when a patient has more than one policy

Third Party Liability -- *See* Coordination of Benefits (COB); also called Other Party Liability (OPL)

Third Party Payer -- A third party, (the government, an insurance company or a managed care organization), who is responsible for paying the costs of healthcare services for an enrolled population under a health plan

Tort Reform -- An umbrella term covering legislative efforts to change, or changes to, current medical malpractice laws, e.g., ceilings on damage awards, shortened time periods for bringing actions, limitations on punitive damages, and curbs on class-action suits

Total Quality Management (TQM) -- A program designed to achieve constant performance at all levels within an organization; encompassing components of continuous quality improvement, a team approach to process improvement, a customer focus, and cycle time improvements

Trade Organization -- An association, usually not for profit, but may have for profit entities, which seeks to serve the needs of its constituent members, e.g., American Medical Association

Traditional Indemnity Insurance -- *See* Indemnity Carrier

Triage -- A process of evaluating a patient's need for medical services (urgency) through evaluation of the patient's condition and complaints in order to establish a priority list to ensure efficient use of available medical resources; screening in person or by telephone, for urgency based on existing algorithms

TRICARE -- The health plan for the Department of Defense including the Coast Guard (Department of Transportation asset)

TRICARE Extra -- One of the 3 options of the TRICARE program; a plan which covers all healthcare services provided under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and which abide by CHAMPUS rules but which is intended to result in decreased out-of-pocket costs for the beneficiary through the use of network providers

TRICARE Prime -- One of the 3 options of the TRICARE program; a plan which provides preventive and primary care services in addition to standard coverage provided by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); an option in which care is delivered using both military treatment facility (MTF) providers and a network of providers/facilities established by the Managed Care Support Contract (MCSC)

TRICARE Prime Remote (TPR) -- A health benefit program required by the 1998 National Defense Authorization Act to provide medical coverage for active duty soldiers/sailors/ airmen/marines assigned to remote areas and which closely resemble the health benefit available in a military treatment facility (TRICARE Prime)

TRICARE Senior Prime (TSP) -- A three-year demonstration project under which Medicare will reimburse Department of Defense (DoD) for care provided to Medicare eligible beneficiaries of the military health system (MHS); select military treatment facilities (MTFs) in collaboration with the Managed Care Support (MCS) contractors and the Lead Agents (LA) function as Medicare + Choice Organizations offering enrollment to dual eligible beneficiaries (eligible for healthcare in the MHS and eligible for Medicare); the purpose of the demonstration program is to evaluate the ability of the MHS to provide cost-effective, accessible, quality healthcare to eligible beneficiaries without increasing healthcare costs for either the MHS or the Health Care Financing Administration (HCFA)

TRICARE Service Center (TSC) -- A service-oriented office established and operated by the TRICARE contractor to provide Prime enrollment and healthcare finder services to beneficiaries in one convenient location

TRICARE Standard -- One of the 3 options of the TRICARE program; the program which replaced the traditional Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) option; the option with the greatest choice

Triple Option -- A type of managed care plan that offers members a choice between a health maintenance organization (HMO), preferred provider organization (PPO), or an indemnity plan each time they are in need of medical services; a program managed and administered through a single set of benefits with a single carrier; also called Cafeteria Plan

Truth in Negotiations Act (TINA) -- A public law that requires contractors to provide full and fair disclosure when negotiating with the government

Tucker Act -- Legislation partially abrogating the doctrine of sovereign immunity, permitting certain contract actions against the government if filed within the 6-year statute of limitations

Turn Around Time (TAT) -- The total time required for completion of a cycle for a process from receipt of the transaction to its completion; e.g., in claims processing, a cycle would be the total number of days from the date the claim is received till payment; *see* Cycle Time

Unbundling -- The billing of health services or the components of a procedure separately, instead of reporting (billing) the procedure under one code encompassing all components of services rendered; an unethical billing practice intended to increase revenue; also called itemizing, fragmented billing, and exploded billing

Uncompensated Care[174] -- Healthcare services provided by physicians and hospitals for which no reimbursement is made either by the patient or by a third party payer

Underinsured -- Persons with insurance insufficient to cover needs or expenses, resulting in increased out-of-pocket charges to the member who may well be unable to pay them

Underwriting -- The process of evaluating and analyzing the level of risk associated with insuring any group seeking coverage; evaluating risk and establishing pricing/rates to ensures that the potential for loss is adequately covered by the determined premiums

Uniform Billing Code of 1992 (UB-92) -- An update and revision to the 1982 federal law which established uniformed billing practices by requiring hospitals to itemize all services provided; UB-92 is also the actual form used to itemize services rendered in the hospital

Uniformed Services Family Health Plan (USFHP) -- A healthcare facility deemed by law to be a facility of the Uniformed Services; facilities in which TRICARE eligible beneficiaries may enroll for healthcare services

Uniformed Services Treatment Facility (USTF) -- The previous name of the Uniformed Services Family Health Plan; *see* Uniformed Services Family Health Program (USFHP)

Uninsured -- Persons without public nor private healthcare insurance

Universal Access[175] -- The right to comprehensive, affordable, confidential and effective healthcare services; available in countries with national or socialized healthcare

Universal Coverage -- A type of government-sponsored healthcare coverage which provides healthcare services to all citizens

Upcoding -- The unethical practice of inappropriately elevating procedure coding so the provider can reap a higher reimbursement rate; also called Coding Creep

Urgent Care -- Those healthcare services needed within 24 hours; health conditions requiring medical attention but not usually considered to be life threatening

Usual, Customary, or Reasonable (UCR) -- A method of profiling provider fee schedules within a geographic area and using the profiles to establish reimbursement rates for providers; "usual" fees are those normally charged by a physician, "customary" fees if they fall within an average range for a given geographic area, and "reasonable" fees are those that meet the previous two criteria; associate fee-for-service reimbursement

Utilization Management[176] -- Management programs instituted to maximize medically necessary and appropriate care and minimize or eliminate inappropriate care; a component of managed care with a goal of placing the right patient at the right location at the right time to receive the right amount of care at a reasonable cost; techniques utilized to manage healthcare costs through the individual management of patient care

Utilization Review (UR) -- A formal system of case-by-case review and assessment of healthcare services to determine utilization rates, allocate adequate resources to meet the demand for services (per patient), and develop cost-effective methods of care placing the patient in the most appropriate level of care possible; prospective, retrospective, and concurrent review to evaluate medical necessity, appropriateness and efficiency; a method of review employing the use of pre-established and nationally accepted criteria

Utilization Review Accreditation Commission (URAC) -- A not-for-profit organization established in 1990 to standardize utilization review in the healthcare industry through the accreditation of utilization review programs

Utilization Review Organization (URO)--A professional organization that conducts utilization reviews for Integrated Delivery Networks and Managed Care Organizations; one that customarily conducts two levels of review for its clients, with registered nurses conducting first level reviews and physicians commonly functioning as second level reviewers

Vertical Integration -- An affiliation of numerous healthcare organizations that provide different services but are joined together in a network to provide a full range of healthcare services to meet the healthcare needs of a geographically defined population; development of a network to maximize resources resulting in economies of scale and cost efficiencies; integration of entities joined through joint ventures, mergers, or acquisitions

Vicarious Liability -- Legal doctrine which imposes liability on a person or business entity for the negligent acts or omissions of another because of the special relationship between the two; rather than because of the first party's conduct

Vision Statement -- Further development of an organization's mission statement delineating corporate values and philosophy

Waiting Period -- The time a person must wait from application for coverage to the effective date of the policy

Wellness Program -- A type of health education program that emphasizes healthy lifestyle and behavior practices; *see* Health Promotion

Withhold -- A portion of the claim with-held for possible later return to the provider, by a managed care organization (MCO) prior to paying the provider for services already delivered which consequently serves as an incentive to the provider to be efficient and prudent in the utilization of healthcare services and resources; also called physician contingency reserve (PCR)

Worker's Compensation -- A state-mandated program which provides financial benefits to an employee and liability coverage for the employer should an on-the-job injury occur

Workgroup for Electronic Data Interchange[177] **(WEDI)** -- A group, established in 1991 by the Secretary of the Department of Health and Human Services, tasked with developing recommendations for the Healthcare industry and the government with regard to the advancement of electronic data transmission

Wraparound Plan -- Refers to insurance coverage which pays for copayments and deductibles not paid for by the primary health plan

Year 2000 Compliant[178] -- Refers to information technology, in that information management/information technology (IM/IT) correctly processes date/time groups; also referred to as Y2K compliance

Zero Premium -- A practice of not charging Medicare beneficiaries an additional monthly premium in addition to that already paid for Part B

Endnotes

[1] General Services Administration, 1997, 31.001

[2] General Services Administration, 1997, 2.101

[3] General Services Administration, 1997, 30.301

[4] Rognehaugh, R., 1998, page 5.

[5] General Services Administration, 1997, 43.101

[6] General Services Administration, 1997, 2.101

[7] General Services Administration, 1997, 31.109

[8] Keninitz, D., 1998, page 3.

[9] Rognehaugh, R., 1998, page 8.

[10] Rognehaugh, R., 1998, page 9.

[11] Griffiths, J. R., 1995, page 745.

[12] General Services Administration, 1997, 31.001

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